



HABC Enrollment ID #	Acrostic	Year of Annual Interview
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<b>HABCID</b>	<b>ACROS</b>	<b>CONTAG</b>

**ANNUAL TELEPHONE INTERVIEW**

**NOT COLLECTED**

Date of last regularly scheduled contact:

/   /

Month                  Day                  Year

★ = Priority questions

**(Examiner Note: Refer to Data from Prior Visits Report. Please also record this date on the top of page 20. If participant agrees to only partial interview, ask ★ questions first.)**

★ 1. In general, how would you say your health is? Would you say it is. . .  
**(Examiner Note: Read response options.)**

- 1  Excellent
- 2  Very good
- 3  Good
- 4  Fair
- 5  Poor
- 8  Don't know
- 7  Refused

**Y13HSTAT**

★ 2. Since we last spoke to you about [# months since last contact] months ago, did you stay in bed all or most of the day because of an illness or injury? Please include days that you were a patient in a hospital.

1  Yes                  0  No                  8  Don't know                  7  Refused

**Y13BED12**

★ About how many days did you stay in bed all or most of the day because of an illness or injury? Please include days that you were a patient in a hospital.  
**(Examiner Note: If necessary, probe - "If you are unsure, please make your best guess.")**

days

**Y13BEDDAY**

★ 3. Since we last spoke to you about [# months since last contact] months ago, did you cut down on the things you usually do, such as going to work or working around the house, because of an illness or injury? Please include days in bed.

- 1  Yes                  0  No                  8  Don't know                  7  Refused

**Y13CUT12**

★ How many days did you cut down on the things you usually do because of illness or injury? Please include days in bed.  
**(Examiner Note: If necessary, probe - "If you are unsure, please make your best guess.")**

days

**Y13CUTDAY**



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HABCID

ACROS

CONTAG

## MEDICAL STATUS

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- ★ 4. Since we last spoke to you about [*# months since last contact*] months ago, did you stay overnight as a patient in a nursing home or rehabilitation center?
- Yes  No  Don't know  Refused
- 1 0 8 7 Y13MCNH
- 

- ★ 5. Since we last spoke to you about [*# months since last contact*] months ago, did you receive care at home from a visiting nurse, home health aide, or nurse's aide?
- Yes  No  Don't know  Refused
- 1 0 8 7 Y13MCVN
-

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**HABCID**

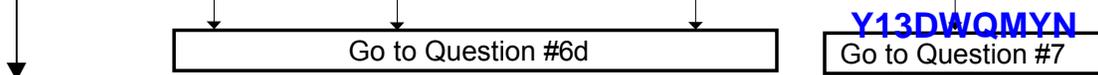
**ACROS**

**CONTAG**

**PHYSICAL FUNCTION**

6. Because of a health or physical problem, do you have any difficulty walking a quarter of a mile, that is about 2 or 3 blocks?  
 (Examiner Note: If the participant responds "Don't do," probe to determine whether this is because of a health or physical problem. If the participant doesn't walk because of a health or physical problem, mark "Yes." If the participant doesn't walk for other reasons, mark "Don't do.")

- Yes      No      Don't know      Refused      Don't do



a. How much difficulty do you have?  
 (Examiner Note: Read response options.)

**Y13DWQMDF**

- A little difficulty    Some difficulty    A lot of difficulty    Or are you unable to do it    Don't know

b. What is the main reason that you have difficulty? Is it because of arthritis, shortness of breath, heart disease, or some other reason?

(Examiner Note: Do NOT read response options. If "some other reason," probe for response. Mark only ONE answer.)

- |  |   |                |
|--|---|----------------|
| 10 Arthritis   | 120 Hip fracture  | <b>Y13MNRS</b> |
| 20 Back pain   | 130 Injury  |                |
| 30 Balance problems/unsteadiness on feet                               | 140 Joint pain<br>(Please specify: _____)                           |                |
| 40 Cancer  | 240 Leg pain  |                |
| 50 Chest pain/discomfort   | 150 Lung disease<br>(asthma, chronic bronchitis, emphysema, etc)    |                |
| 60 Circulatory problems  | 160 Old age<br>(no mention of a specific condition)                 |                |
| 70 Diabetes  | 170 Osteoporosis  |                |
| 80 Fatigue/tiredness (no specific disease)                             | 180 Shortness of breath   |                |
| 90 Fall  | 190 Stroke  |                |
| 230 Foot/ankle pain  | 200 Other symptom<br>(Please specify: _____)                        |                |
| 100 Heart disease<br>(including angina, congestive heart failure, etc) | 210 Multiple conditions/symptoms<br>unable to determine MAIN reason |                |
| 110 High blood pressure/hypertension                                   | 220 Don't know  |                |

c. Do you have any difficulty walking across a small room?

- Yes      No      Don't know      Refused

**Y13DWSMRM**

**Go to Question #7**

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**HABCID**

**ACROS**

**CONTAG**

**PHYSICAL FUNCTION**



**6d.** How easy is it for you to walk a quarter of a mile?  
(*Examiner Note: Read response options.*)

**1**  Very easy

**2**  Somewhat easy

**3**  Or not that easy

**8**  Don't know/don't do

**Y13DWQMEZ**



**6e.** Because of a health or physical problem, do you have any difficulty walking a distance of one mile, that is about 8 to 12 blocks?

**1**  
 Yes

→

**0**  
 No

**Y13DW1MYN**

→

**8**  
 Don't know/don't do

→



**6f.** How easy is it for you to walk one mile?  
(*Examiner Note: Read response options.*)

**1**  Very easy

**2**  Somewhat easy

**3**  Or not that easy

**8**  Don't know/don't do

**Y13DW1MEZ**

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**HABCID**

**AGROS**

**CONTAG**

**PHYSICAL FUNCTION**

★ 7. Because of a health or physical problem, do you have any difficulty walking up 10 steps, that is about 1 flight, without resting?  
*(Examiner Note: If the participant responds "Don't do," probe to determine whether this is because of a health or physical problem. If the participant doesn't walk up 10 steps because of a health or physical problem, mark "Yes." If the participant doesn't walk up steps for other reasons, such as there are simply no steps in the area, mark "Don't do.")*

Yes  No  Don't know  Refused  Don't do  
Y13DW10YN  
 Yes →  No →  Don't know →  Refused →  Don't do  
Go to Question #7c Go to Question #8

★ a. How much difficulty do you have?  
*(Examiner Note: Read response options.)*  
Y13DIF

A little difficulty  Some difficulty  A lot of difficulty  Or are you unable to do it  Don't know  
1 2 3 4 8

★ b. What is the main reason that you have difficulty? Is it because of arthritis, shortness of breath, heart disease, or some other reason?  
*(Examiner Note: Do NOT read response options. If "some other reason," probe for response. Mark only ONE answer.)*  
Y13MNRS2

Arthritis  Hip fracture  
 Back pain  Injury  
 Balance problems/unsteadiness on feet  Joint pain  
(Please specify: \_\_\_\_\_)  
 Cancer  Leg pain  
 Chest pain/discomfort  Lung disease  
(asthma, chronic bronchitis, emphysema, etc)  
 Circulatory problems  Old age  
(no mention of a specific condition)  
 Diabetes  Osteoporosis  
 Fatigue/tiredness (no specific disease)  Shortness of breath  
 Fall  Stroke  
 Foot/ankle pain  Other symptom  
(Please specify: \_\_\_\_\_)  
 Heart disease  Multiple conditions/symptoms  
(including angina, congestive heart failure, etc) unable to determine MAIN reason  
 High blood pressure/hypertension  Don't know

↓  
**Go to Question #8**



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**HABCID**

**AGROS**

**CONTAG**

### PHYSICAL FUNCTION



**7c.** How easy is it for you to walk up 10 steps without resting?  
*(Examiner Note: Read response options.)*

**1**  Very easy

**2**  Somewhat easy

**3**  Or not that easy

**8**  Don't know/don't do

**Y13DW10EZ**



**7d.** Because of a health or physical problem, do you have any difficulty walking up 20 steps, that is about 2 flights, without resting?

**1**  Yes

**0**  No

**8**  Don't know/don't do

**Y13DW20YN**

→ Go to Question #8

→ Go to Question #7e

→ Go to Question #7e



**7e.** How easy is it for you to walk up 20 steps without resting?  
*(Examiner Note: Read response options.)*

**1**  Very easy

**2**  Somewhat easy

**3**  Or not that easy

**8**  Don't know/don't do

**Y13DW20EZ**



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**HABCID ACROS CONTAG**  
**PHYSICAL FUNCTION**

★ 8. Do you have to use a cane, walker, crutches, or other special equipment to help you get around?  
 Yes  No  Don't know  Refused **Y13EQUIP**

★ 9. Because of a health or physical problem, do you have any difficulty getting in and out of bed or chairs?  
 Yes  No  Don't know  Refused **Y13DIOYN**

★ Does someone usually help you get in and out of bed or chairs?  
 Yes  No  Don't know **Y13DIORHY**

★ 10. Do you have any difficulty bathing or showering?  
 Yes  No  Don't know  Refused **Y13BATHYN**

★ Does someone usually help you bathe or shower?  
 Yes  No  Don't know **Y13BATHRH**

★ 11. Do you have any difficulty dressing?  
 Yes  No  Don't know  Refused **Y13DDYN**

★ Does someone usually help you to dress?  
 Yes  No  Don't know **Y13DDRHYN**

12. Because of a health or physical problem, do you have any difficulty standing up from a chair without using your arms?  
 Yes  No  Don't know  Refused **Y13DIFSTA**

How much difficulty do you have?  
**(Examiner Note: Read response options.)**  
 A little difficulty  
 Some difficulty  
 A lot of difficulty  
 Or are you unable to do it  
 Don't know

How easy is it for you to stand up from a chair without using your arms?  
**(Examiner Note: Read response options.)**  
 Very easy  
 Somewhat easy  
 Or not that easy  
 Don't know

**Y13DSTAMT**

**Y13EZSTA**

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**HABCID**

**ACROS**

**CONTAG**

**PHYSICAL FUNCTION**

13. Do you have any difficulty stooping, crouching or kneeling?  
 (Examiner Note: "Difficulty" refers to difficulty getting down AND/OR getting back up.)

- 1 Yes     
  0 No     
  8 Don't know     
  7 Refused

**Y13DIFSCK**

How much difficulty do you have?  
 (Examiner Note: Read response options.)

- 1 A little difficulty  
 2 Some difficulty  
 3 A lot of difficulty  
 4 Or are you unable to do it  
 8 Don't know

**Y13DSCKAM**

14. Do you have any difficulty raising your arms up over your head?

- 1 Yes     
  0 No     
  8 Don't know     
  7 Refused

**Y13DIFARM**

How much difficulty do you have?  
 (Examiner Note: Read response options.)

- 1 A little difficulty  
 2 Some difficulty  
 3 A lot of difficulty  
 4 Or are you unable to do it  
 8 Don't know

**Y13DARMAM**

15. Do you have any difficulty using your fingers to grasp or handle?

- 1 Yes     
  0 No     
  8 Don't know     
  7 Refused

**Y13DIFFN**

How much difficulty do you have?  
 (Examiner Note: Read response options.)

- 1 A little difficulty  
 2 Some difficulty  
 3 A lot of difficulty  
 4 Or are you unable to do it  
 8 Don't know

**Y13DIFNAM**

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**HABCID**

**ACROS**

**CONTAG**

**PHYSICAL FUNCTION**

**16.** Because of a health or physical problem, do you have any difficulty lifting or carrying something weighing 10 pounds, for example a small bag of groceries or an infant?

**1**  Yes

**0**  No

**8**  Don't know

**7**  Refused

**Y13DIF10**

How easy is it for you to lift or carry something weighing 10 pounds?  
*(Examiner Note: Read response options.)*

**1**  Very easy

**2**  Somewhat easy

**3**  Or not that easy

**8**  Don't know

**Y13EZ10LB**

How much difficulty do you have?  
*(Examiner Note: Read response options.)*

**1**  A little difficulty

**2**  Some difficulty

**3**  A lot of difficulty

**4**  Or are you unable to do it

**8**  Don't know

**Y13D10AMT**

Do you have any difficulty lifting or carrying something weighing 20 pounds, for example, a large full bag of groceries?

**1**  Yes

**0**  No

**8**  Don't know

**Y13D20LBS**

Go to Question #17

How easy is it for you to lift or carry something weighing 20 pounds?  
*(Examiner Note: Read response options.)*

**1**  Very easy

**2**  Somewhat easy

**3**  Or not that easy

**8**  Don't know

**Y13EZ20LB**



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**HABCID**

**ACROS**

**CONTAG**

**PHYSICAL ACTIVITY AND EXERCISE**

**18.** Did you walk for exercise, or walk to work, the store, or church, or walk the dog, at least 10 times, in the past 12 months?

Yes  No  Don't know  Refused

**Y13EW12MO**

Go to Question #19

In the past 7 days, did you go walking?

Yes  No

**Y13EW7DAY**

**a.** How many times did you go walking in the past 7 days?

**Y13EWTMDK**

**Y13EWTIME** [ ] [ ] times

Don't know  
**-1**

**b.** About how much time, on average, did you spend walking each time you walked (excluding rest periods)?  
*(Examiner Note: If less than 1 hour, record number of minutes.)*

**EWMIN**

**EWHRS**

**Y13EWTIM** [ ] [ ] Hours [ ] [ ] Minutes

Don't know  
**-1**  
**Y13EWTDK**

**c.** When you walk, do you usually walk at a brisk pace (as fast as you can), a moderate pace, or at a leisurely stroll?

**Y13EWPACE**

Brisk  Moderate  Stroll  Don't know  
**1** **2** **3** **8**

What is the main reason you did not go walking in the past 7 days?

- 1**  Bad weather
- 2**  Not enough time
- 3**  Injury
- 4**  Health problems
- 5**  Lost interest
- 6**  Felt unsafe
- 7**  Not necessary
- 8**  Other
- 9**  Don't know

**Y13EWREAS**

**19.** Did you walk up a flight of stairs (a flight is about 10 steps), at least 10 times, in the past 12 months?

Yes  No  Don't know  Refused

**Y13FS12MO**

Go to Question #20

**a.** In the past 7 days, did you walk up a flight of stairs?

Yes  No  Don't know

**Y13FS7DAY**

Go to Question #20

**b.** About how many flights did you walk up in the past 7 days? If you are unsure, please make your best guess.

**Y13FSNUM** [ ] [ ] flights

Don't know  
**-1**  
**Y13FSNUMD**

**c.** About how many of these flights did you walk up carrying a small load like laundry, groceries, or an infant?

**Y13FSLOAD** [ ] [ ] flights

Don't know  
**-1**  
**Y13FSLODK**



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HABCID

AGROS

CONTAC

### PHYSICAL ACTIVITY AND EXERCISE

20. Did you do any high intensity exercise, such as bicycling, swimming, jogging, racquet sports or using a stair-stepping, rowing or cross country ski machine or exercycle, at least 10 times, in the past 12 months?

Y13HI12MO

- 1 Yes  
 0 No  
 8 Don't know  
 7 Refused

Go to Question #21

In the past 7 days, did you do high intensity exercise?

1 Yes  
 0 No

Y13HI7DAY

a. What activity(ies) did you do?  
**Mark all that apply.**

- 1  Bicycling/exercycle Y13HIABE
- 1  Swimming Y13HIASWM
- 1  Jogging Y13HIAJOG
- 1  Aerobics Y13HIAAER
- 1  Stair-stepping Y13HIASS
- 1  Racquet sports Y13HIARS
- 1  Rowing machine Y13HIAROW
- 1  Cross country ski machine Y13HIASKI
- 1  Other (Please specify):

Y13HIAOTH \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What is the main reason you have not done any high intensity exercise in the past 7 days?

- 1  Bad weather
- 2  Not enough time
- 3  Injury
- 4  Health problems
- 5  Lost interest Y13HINDEX
- 6  Felt unsafe
- 7  Not necessary
- 8  Other
- 9  Don't know

b. In the past 7 days, about how much time did you spend doing (first activity named by participant)?

(Examiner Note: If less than 1 hour, record number of minutes.)

HHA1HR			HHA1MIN
	Hours	Minutes	

-1  Don't know Y13HIA1DK

Y13H1TIME



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**HABCID                      ACROS                      CONTAG**  
**PHYSICAL ACTIVITY AND EXERCISE**

21. Did you do any moderate intensity exercise, such as golf, bowling, dancing, skating, bocce, table tennis, hunting, sailing or fishing, at least 10 times, in the past 12 months?

- Yes  No  Don't know  Refused **Y13MI12MO**

Go to Question #22

In the past 7 days, did you do moderate intensity exercise?

Yes  No **Y13MI7DAY**

a. What activity(ies) did you do?  
**Mark all that apply.**

- 1  Golf **Y13MIGOLF**
- 1  Bowling **Y13MIBOWL**
- 1  Dancing **Y13MIDANC**
- 1  Skating **Y13MISKAT**
- 1  Bocce **Y13MIBOCC**
- 1  Table tennis **Y13MITENN**
- 1  Billiards/pool **Y13MIPOOL**
- 1  Hunting **Y13MIHUNT**
- 1  Sailing/boating **Y13MIBOAT**
- 1  Fishing **Y13MIFISH**
- 1  Other (Please specify):

**Y13MIOT1**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

b. In the past 7 days, about how much time did you spend doing (first activity named by participant)?  
 (Examiner Note: If less than 1 hour, record number of minutes.)

MIA1HR

Hours	Minutes		

MIA1MN

**Y13MIA1DK**  
 Don't know  
 -1

What is the main reason you have not done any moderate intensity exercise in the past 7 days?

- 1  Bad weather
- 2  Not enough time
- 3  Injury
- 4  Health problems
- 5  Lost interest **Y13MINDEX**
- 6  Felt unsafe
- 7  Not necessary
- 8  Other
- 9  Don't know

**Y13M1TIME**



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**HABCID**                      **ACROS**                      **CONTAG**

## WORK, VOLUNTEER, AND CAREGIVING ACTIVITIES

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22. Do you currently work for pay, either at a regular job, consulting, or doing odd jobs?

**1**  
 Yes

**0**  
 No

**8**  
 Don't know

**7**  
 Refused **Y13VWCURJ**

---

23. Do you currently do any volunteer work?

**1**  
 Yes

**0**  
 No

**8**  
 Don't know

**7**  
 Refused **Y13VWCURV**

---



24. Do you currently provide any regular care or assistance to a child or a disabled or sick adult?

**1**  
 Yes

**0**  
 No

**8**  
 Don't know

**7**  
 Refused **Y13VWCURA**

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**HABCID**      **ACROS**      **CONTAG**  
**APPETITE AND WEIGHT CHANGE**

★ 25. Now I have some questions about your appetite.  
In general, would you say that your appetite or desire to eat has been. . . ?  
(Examiner Note: Read response options.)

- 1  Very good
- 2  Good
- 3  Moderate
- 4  Poor      **Y13APPET**
- 5  Very poor
- 8  Don't know
- 7  Refused

25A. Because of a health or physical problem, do you have any difficulty preparing meals?  
1  Yes      0  No      9  Does not do      8  Don't know      7  Refused  
**Y13DFPREP**

25B. Because of a health or physical problem, do you have any difficulty shopping for food?  
1  Yes      0  No      9  Does not do      8  Don't know      7  Refused  
**Y13DFSHOP**

★ 25C. How much do you currently weigh?  
(Examiner Note: If necessary, probe - "If you are unsure, please make your best guess.")  
**Y13WTLBS**    pounds      8  Don't know/don't remember      7  Refused **Y13LBS2**

★ 26. At the present time, are you trying to lose weight?  
1  Yes      0  No      8  Don't know      7  Refused **Y13TRYLS2**

**SMOKING HABITS**

27. Do you currently smoke cigarettes?  
1  Yes      0  No      8  Don't know      7  Refused **Y13SMOKE**

On average, about how many cigarettes a day do you smoke?

**Y13SMOKAV**   cigarettes per day      -1  Don't know **Y13SMOKEDK**



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HABCID

ACROS

CONTAG

MEDICAL CONDITIONS

28. Now I'm going to ask you about some medical problems that you might have had in the past 12 months.

In the past 12 months, has a doctor told you that you had...?

Hypertension or high blood pressure? We are specifically interested in hearing about hypertension or high blood pressure that was diagnosed for the first time in the past 12 months.

- Yes
- No
- Don't know
- Refused

Y13HCHBP

29. Diabetes or sugar diabetes? Again, we are specifically interested in hearing about diabetes that was diagnosed for the first time in the past 12 months.

- Yes
- No
- Don't know
- Refused

Y13SGDIAB

30. In the past 12 months, have you fallen and landed on the floor or ground?

- Yes
- No
- Don't know
- Refused

Y13AJFALL

Go to Question #31

How many times have you fallen in the past 12 months?  
If you are unsure, please make your best guess.

- One
- Two or three
- Four or five
- Six or more
- Don't know

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		<input type="radio"/> Year 14	<input type="radio"/> Year 15	

**HABCID**

**ACROS**

**CONTAG**

**MEDICAL CONDITIONS**

Now, please think about the past 6 months.

**30A.** In the past 6 months, have you fallen and landed on the floor or ground?  
 Yes  No  Don't know  Refused **Y136MFALL**

Go to Question #31

**i.** How many times have you fallen in the past 6 months?  
 If you are unsure, please make your best guess.

- One
- Two or three
- Four or five **Y136MFNUM**
- Six or more
- Don't know

**ii.** Were you injured in any of your falls?

- Yes
- No
- Don't know **Y13INJFAL**

Go to Question #31

**iii.** Did you seek medical treatment after any of your falls?

- Yes
- No
- Don't know **Y13TRTFAL**

**iv.** Were you hospitalized after any of your falls?

- Yes
- No
- Don't know **Y13HOSFAL**

**v.** Have you been told by a doctor that you broke or fractured a bone(s) because of any of your falls?

- Yes
- No
- Don't know **Y13BBNFAL**

**31.** Are you troubled by shortness of breath when hurrying on a level surface or walking up a slight hill?

- Yes
- No
- Don't know
- Refused **Y13LCSBUP**

**32.** Do you ever have to stop for breath when walking at your own pace on a level surface?

- Yes
- No
- Don't know
- Refused **Y13LCSBLS**



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**HABCID**                      **ACROS**                      **CONTAG**

**MEDICAL CONDITIONS**

---

38. Has a doctor ever told you that you had any of the following...?

a. Emphysema?

- Yes <sup>1</sup>                       No <sup>0</sup>                       Don't know <sup>8</sup>                       Refused <sup>7</sup> **Y13LCEMPH**

b. Chronic obstructive pulmonary disease or COPD?

- Yes <sup>1</sup>                       No <sup>0</sup>                       Don't know <sup>8</sup>                       Refused <sup>7</sup> **Y13LCCOPD**

c. Chronic bronchitis?

- Yes <sup>1</sup>                       No <sup>0</sup>                       Don't know <sup>8</sup>                       Refused <sup>7</sup> **Y13LCCHBR**

↓

Do you still have chronic bronchitis?
<input type="radio"/> Yes <sup>1</sup> <input type="radio"/> No <sup>0</sup> <input type="radio"/> Don't know <sup>8</sup> <b>Y13LCSHCB</b>



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		<input type="radio"/> Year 14	<input type="radio"/> Year 15	

**HABCID**

**AGROS**

**CONTAG**

**MEDICAL CONDITIONS IN PAST 6 MONTHS**

Now I'm going to ask you about any medical problems you might have had since we last spoke to you about [# months since last contact] months ago, which was on

/  /  **NOT DATA**  
 Month Day Year

★ 39. Since we last spoke to you about [# months since last contact] months ago, has a doctor told you that you had a

- Yes     
  No     
  Don't know     
  Refused **Y13HCHAMI**

Were you hospitalized overnight for this problem?

Yes

No **Y13HOSMI**

Complete a Health ABC Event Form, Section I, for each overnight hospitalization. Record reference #'s below:

Go to Question #40

- a.      **REF39A**
- b.      **REF39B**
- c.      **REF39C**

★ 40. Since we last spoke to you about [# months since last contact] months ago, has a doctor told you that you had congestive heart failure?

- Yes     
  No     
  Don't know     
  Refused **Y13CHF**

Were you hospitalized overnight for this problem?

Yes

No **Y13HOSMI3**

Complete a Health ABC Event Form, Section I, for each overnight hospitalization. Record reference #'s below:

Go to Question #41

- a.      **REF40A**
- b.      **REF40B**
- c.      **REF40C**



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<b>HABCID</b>	<b>ACROS</b>	<input type="radio"/> Year 14	<input type="radio"/> Year 15	
		<b>CONTAG</b>		

**MEDICAL CONDITIONS IN PAST 6 MONTHS**

★ 41. Since we last spoke to you about [*# months since last contact*] months ago, has a doctor told you that you had a stroke, mini-stroke, or TIA ?

Yes       No       Don't know       Refused **Y13HCCVA**

Were you hospitalized overnight for this problem?

Yes

No **Y13HOSMI2**

Complete a Health ABC Event Form, Section I, for each overnight hospitalization. Record reference #'s below:

Go to Question #42

- a.       **REF41A**
- b.       **REF41B**
- c.       **REF41C**

★ 42. Since we last spoke to you about [*# months since last contact*] months ago, has a doctor told you that you had cancer? We are specifically interested in hearing about a cancer that your doctor diagnosed for the first time since we last spoke to you.

Yes       No       Don't know       Refused **Y13CHMGMT**

Complete a Health ABC Event Form, Section II, for each event. Record reference #'s below:

- a.       **REF42A**
- b.       **REF42B**
- c.       **REF42C**



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**HABCID**

**ACROS**

**CONTAG**

**MEDICAL CONDITIONS IN PAST 6 MONTHS**

★ 43. Since we last spoke to you about [*# months since last contact*] months ago, has a doctor told you that you had pneumonia?

- Yes <sup>1</sup>     
 No <sup>0</sup>     
 Don't know <sup>8</sup>     
 Refused <sup>7</sup> **Y13LCPNEU**

★ Complete a Health ABC Event Form, Section II, for each event. Record reference #'s below:

- a.       **REF43A**
- b.       **REF43B**
- c.       **REF43C**

★ 44. Since we last spoke to you about [*# months since last contact*] months ago, have you been told by a doctor that you broke or fractured a bone(s)?

- Yes <sup>1</sup>     
 No <sup>0</sup>     
 Don't know <sup>8</sup>     
 Refused <sup>7</sup> **Y13OSBR45**

★ Complete a Health ABC Event Form, Section II, for each event. Record reference #'s below:

- a.       **REF44A**
- b.       **REF44B**
- c.       **REF44C**

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**HABCID**

**ACROS**

**CONTAC**

**MEDICAL CONDITIONS IN PAST 6 MONTHS**

- ★ 45. Were you hospitalized overnight for any other reasons since we last spoke to you about [# months since last contact] months ago?
- Yes     
  No     
  Don't know     
  Refused **Y13HOSP12**

**Complete a Health ABC Event Form, Section I, for each event. Record reference #'s and reason for hospitalization below.**

a. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>REF45A</b> Reason for hospitalization: _____	b. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>REF45B</b> Reason for hospitalization: _____	c. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>REF45C</b> Reason for hospitalization: _____
d. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>REF45D</b> Reason for hospitalization: _____	e. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>REF45E</b> Reason for hospitalization: _____	f. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>REF45F</b> Reason for hospitalization: _____

- ★ 46. Have you had any same day outpatient surgery since we last spoke to you about [# months since last contact] months ago?
- Yes     
  No     
  Don't know     
  Refused **Y13OUTPA**

Was it for...?

a. A procedure to open a blocked artery	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	<b>Complete a Health ABC Event Form, Section III. Record reference #:</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>REF46A</b>
b. Gall bladder surgery	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know		
c. Cataract surgery	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know		
d. TURP (MEN ONLY) (transurethral resection of prostate)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know		

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**HABCID**

**ACROS**

**CONTAG**

**MEDICAL CONDITIONS AND FATIGUE**

47. Is there any other illness or condition for which you see a doctor or other health care professional?

<sup>1</sup> Yes     
  <sup>0</sup> No     
  <sup>8</sup> Don't know     
  <sup>7</sup> Refused **Y13OTILL**

↓ ↓ ↓ ↓

Go to Question #48

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

48. Please describe your usual energy level in the past month, where 0 is no energy and 10 is the most energy that you have ever had.

**Y13ELEV**      Energy level   
  <sup>8</sup> Don't know   
  <sup>7</sup> Refused

**Y13ELEVRF**

48A. In the past month, on the average, have you been feeling unusually tired during the day?

<sup>1</sup> Yes     
  <sup>0</sup> No     
  <sup>8</sup> Don't know     
  <sup>7</sup> Refused **Y13ELTIRE**

↓ ↓ ↓ ↓

Have you been feeling unusually tired...?  
**(Examiner Note: Read response options.)**

**1**  All of the time

**2**  Most of the time

**3**  Some of the time **Y13ELOFTN**

**8**  Don't know

**7**  Refused

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**HABCID**

**ACROS**

**CONTAG**

**EYESIGHT AND DRIVING**

Now I would like to ask you some questions about your eyesight.

**49.** At the present time, would you say your eyesight (with glasses or contact lenses, if you wear them) is excellent, good, fair, poor, or very poor or are you completely blind?

- 1**  Excellent
- 2**  Good
- 3**  Fair
- 4**  Poor
- 5**  Very poor
- 6**  Completely blind
- 8**  Don't know
- 7**  Refused

**Y13ESQUAL**

**50.** Now, I'd like to ask about driving a car. Are you currently driving, at least once in a while?

- 1**  Yes
- 0**  No, I never drove
- 2**  No, I am no longer driving
- 8**  Don't know
- 7**  Refused

**Y13ESCAR**

**a.** When did you stop driving?

- 1**  Less than 6 months ago
- 2**  6-12 months ago
- 3**  More than 12 months ago
- 8**  Don't know

**b.** Did you stop driving because of your eyesight?

- 1**  Yes
- 0**  No
- 8**  Don't know

**Y13ESSTOP**

**Y13ESSITE**

**Examiner Note: Questions #51 and #52 have been removed from the Annual Telephone Interview.**



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		<input type="radio"/> Year 14	<input type="radio"/> Year 15	

**HABCID**

**ACROS**

**CONTAG**

**MARITAL STATUS AND HOUSEHOLD OCCUPANCY**

*Examiner Note: Questions #51 and #52 have been removed from the Annual Telephone Interview.*

53. What is your marital status? Are you...?  
(Examiner Note: Read response options.)

- 1  Married
- 2  Widowed
- 3  Divorced
- 4  Separated **Y13MARSTA**
- 5  Never married
- 8  Don't know
- 7  Refused

54. Beside yourself, how many other people live in your household?

- 1  Participant lives alone **Y13SSOPRF**
- Other people in household **Y13SSOPIH**
- 8  Don't know
- 7  Refused



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**HABCID**                      **AGROS**                      **CONTAG**  
**SOCIAL NETWORK AND SUPPORT**

---

55. In a typical week, how often do you get together with friends or neighbors? Would you say...  
(Examiner Note: Read response options.)

- 1  At least once a day
- 2  4 to 6 times per week
- 3  2 to 3 times per week
- 4  1 time per week                      **Y13SSFRNE**
- 5  Less than once per week
- 8  Don't know
- 7  Refused

---

56. In a typical week, how often do you get together with your children or other relatives?  
Would you say...  
(Examiner Note: Read response options.)

- 1  At least once a day
- 2  4 to 6 times per week
- 3  2 to 3 times per week
- 4  1 time per week                      **Y13SSCHRE**
- 5  Less than once per week
- 8  Don't know
- 7  Refused



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**HABCID                      ACROS                      GONTAG**  
**HEALTH CARE/INSURANCE**

**57.** Where do you usually go for health care or advice about health care?  
*(Examiner Note: Read response options. Mark only ONE answer.)*

- 1  Private doctor's office (individual or group practice)
- 2  Public clinic such as a neighborhood health center
- 3  Health Maintenance Organization (HMO) *(Please specify: \_\_\_\_\_)*  
(Examples: Health Maintenance Organization (e.g., Keystone, Cigna, UPMC Health Plan, Aetna, HealthAmerica, HealthSpring))
- 4  Hospital outpatient clinic
- 5  Emergency room
- 6  Other *(Please specify: \_\_\_\_\_ **Y13HCSRC** \_\_\_\_\_)*

**Examiner Note: Please update the name, address, and telephone number of the doctor or place that the participant usually goes to for health care.**

**58.** Do you have a health insurance plan or other supplemental coverage which pays for a visit to a doctor?

- Yes                       No                       Don't know                       Refused **Y13HCHI**

What type of health insurance do you have?

*(Examiner Note: Please record all types below. If participant is unsure whether they have Part B Medicare, ask if you may look at their Medicare card.)*

- Y13HCHI01** <sup>-1</sup>  Part B Medicare
- Y13HCHI02** <sup>-1</sup>  Medicaid/public medical assistance (e.g., Family Care Network; Health Choices; Health Pass, Tenn Care) *(Please specify: \_\_\_\_\_)*
- Y13HCHI03** <sup>-1</sup>  Health Maintenance Organization (e.g., Keystone; Cigna; UPMC Health Plan; Aetna; HealthAmerica, HealthSpring) *(Please specify: \_\_\_\_\_)*
- Y13HCHI04** <sup>-1</sup>  Medi-Gap
- Y13HCHI05** <sup>-1</sup>  Private insurance *(Please specify: \_\_\_\_\_)*
- Y13HCHI06** <sup>-1</sup>  Other *(Please specify: \_\_\_\_\_)*

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**HABCID**

**ACROS**

**CONTAG**

**CURRENT ADDRESS AND TELEPHONE NUMBER**

★ 59. We would like to update all of your contact information this year. The address that we currently have listed for you is:  
*(Examiner Note: Please confirm that the address you have for the participant is correct.)*

Please tell me if the information I have is still correct.  
 Is the address that we currently have correct?

Yes  No

*Examiner Note: Please update street address, city, state and zip code for the participant.*

★ 60. The telephone number(s) that we currently have for you is (are):  
*(Examiner Note: Please confirm that the telephone number(s) that you have for the participant are correct.)*

Please tell me if these telephone number(s) are correct.  
 Are the telephone number(s) that we currently have correct?

Yes  No

*Examiner Note: Please update the telephone number(s) for the participant.*

★ 61. Do you expect to move or have a different address in the next 6 months?

Yes  No  Don't know  Refused

*Examiner Note: Please record the new mailing address and telephone number, and date the new address and telephone numbers are effective.*

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**HABCID                      ACROS                      CONTAG**

**CONTACT INFORMATION**

★ 62. You previously told us the name of someone who could provide information and answer questions for you in the event that you were unable to answer for yourself. Please tell me if the information I have is still correct.  
*(Examiner Note: Please confirm that the contact information for someone who could provide information and answer questions for the participant is correct.)*

Is the contact information for someone who could provide information and answer questions for the participant correct?

Yes                       No

Go to Question #63

**Examiner Note: Please update the name, street address, city, state, zip code, and telephone number for someone who could provide information and answer questions for the participant. Please determine whether this person is next of kin or has power of attorney.**

★ 63. Has the participant identified their next of kin?  
*(Examiner Note: Refer to the participant's chart.)*

Yes                       No                       Don't know                       Refused

Go to Question #64

Go to Question #65

**Examiner Note: Please confirm that the contact information for the next of kin is correct.**

★ You previously told us the name and address of your next of kin. Please tell me if the information I have is still correct.

Is the name and address of the next of kin correct?

Yes                       No                       Don't know                       Refused

Go to Question #65

Go to Question #65

**Examiner Note: Please update the name, street address, city, state, zip code, and telephone number, and how the person is related to the participant.**

Go to Question #65

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**HABCID ACROS CONTACT**  
**CONTACT INFORMATION**

★ 64. Please tell me the name, address, and telephone number of your next of kin.  
How is this person related to you?

**Examiner Note: Please record the name, street address, city, state, zip code, and telephone number for the next of kin, and how the person is related to the participant.**

★ 65. Has the participant identified their power of attorney?  
**(Examiner Note: Refer to the participant's chart.)**

Yes       No       Don't know       Refused  
 ↓                      ↓                      ↓                      ↓  
     

**Examiner Note: Please confirm that the contact information for the power of attorney is correct.**

You previously told us the name and address of your power of attorney. Please tell me if the information I have is still correct.

Is the name and address of the power of attorney correct?

Yes       No       Don't know       Refused  
 ↓                      ↓                      ↓                      ↓  
     

**Examiner Note: Please update the name, street address, city, state, zip code, and telephone number of the power of attorney, and how the person is related to the participant.**

**Go to Question #67**

★ 66. Have you given anyone power of attorney?

Yes       No       Don't know       Refused

**Examiner Note: Please update the name, street address, city, state, zip code, telephone number of the power of attorney, and how the person is related to the participant.**

HABC Enrollment ID #	Acrostic	Year of Annual Interview		
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		<input type="radio"/> Year 14	<input type="radio"/> Year 15	

**HABCID**

**ACROS**

**CONTAG**

**CONTACT INFORMATION**

★ 67. You previously told us the name, address, and telephone number of two friends, relatives, or a clergy person who do not live with you and who would know how to reach you in case you move and we need to get in touch with you. These people did not have to be local people. Please tell me if the information I have is still correct.  
**(Examiner Note: Please confirm that the contact information for two, friends, relatives, or a clergy person who do not live with the participant is correct.)**

★ Is the contact information for the two close friends or relatives who do not live with the participant and who would know how to reach the participant in case they move correct?

Yes

No

Go to Question #68

**Examiner Note: Please update the name, street address, city, state, zip code, and telephone number for two close friends, relatives, or clergy person. Please determine whether this person is next of kin or has power of attorney.**

**Examiner Note: Please answer the following question based on your judgment of the participant's responses to this questionnaire.**

★ 68. On the whole, how reliable do you think the participant's responses to this questionnaire are?

1  Very reliable

2  Fairly reliable

**Y13RELY**

3  Not very reliable

8  Don't know

**Thank you very much for answering these questions. I enjoyed talking with you. Please remember to call us if you are admitted to a hospital or nursing home for any reason so that we can better understand changes in your health. We would also like to hear from you if you move or if your mailing address changes. We will be calling you in about 6 months from now to find out how you've been doing.**

HABC Enrollment ID #	Acrostic	Date Form Completed			Staff ID #
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>HABCID</b>	<b>ACROS</b>	Month	Day	Year	<b>YASTFID</b>

**PROXY INTERVIEW**

**Year of Contact:** **VISIT**

Year 11                       Year 13.5  
 Year 11.5                       Year 14  
 Year 12                           Year 14.5  
 Year 12.5                       Year 15  
 Year 13                           Other  
*(Please specify \_\_\_\_\_)*

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**Type of Contact:**

Home (face-to-face interview)  
 Clinic (face-to-face interview)  
 Nursing home (face-to-face interview)  
 Telephone interview  
 Other *(Please specify: \_\_\_\_\_ **YAGONTAG** \_\_\_\_\_)*

**Interviewer Note: This refers to the type of contact the PARTICIPANT would have had, not where the proxy was interviewed.**

**YADATES**

---

**Date of last regularly scheduled contact:**   /   /

Month                      Day                      Year

**★ = Semi-annual telephone contact questions**

**Interviewer Note: Ask all questions for annual contact. Ask only ★ questions during semi-annual telephone contact.**

- ★ 1. What is your relationship to (name of Health ABC participant)?
- 1  Spouse or partner  
 2  Child  
 3  Family member (other than spouse or child) *(Please specify: \_\_\_\_\_)*  
 4  Close friend **YAREL**  
 5  Health care provider  
 6  Other *(Please specify: \_\_\_\_\_ **YARELOTH** \_\_\_\_\_)*  
 7  Refused

- ★ 2. How often do you have contact with (him/her)? *(Interviewer Note: Please mark only one answer.)*
- 1  Live together → Go to Question #4  
 2  Daily (but does not live together)  
 3  3 or more times a week **YACONFRQ**  
 4  Less than 3 times a week  
 8  Don't know  
 7  Refused

# PROXY INTERVIEW

- ★ 3. What is the most frequent type of contact?
- 1  Mostly in person  
2  Mostly by phone  
3  Both in person and by phone  
4  Other (Please specify: YACONTYP )  
8  Don't know  
7  Refused

- ★ 4. Since we last spoke to (name of Health ABC participant) about 6 months ago, did (he/she) stay in bed all or most of the day because of an illness or injury? Please include days that (he/she) was a patient in a hospital.

1  Yes      0  No      8  Don't know      7  Refused

**YABED**

- ★ About how many days did (he/she) stay in bed all or most of the day because of an illness or injury? Please include days that (he/she) was a patient in a hospital.  
(Interviewer Note: If necessary, probe - "If you are unsure, please make your best guess.")

days **YABEDDAY**

- ★ 5. Since we last spoke to (name of Health ABC participant) about 6 months ago, did (he/she) cut down on the things (he/she) usually did, such as going to work or working around the house, because of an illness or injury? Please include days in bed.

**YACUT** 1  Yes      0  No      8  Don't know      7  Refused

- ★ How many days did (he/she) cut down on the things (he/she) usually did because of illness or injury? Please include days in bed.  
(Interviewer Note: If necessary, probe - "If you are unsure, please make your best guess.")

days **YACUTDAY**

- ★ 6. Since we last spoke to (name of Health ABC participant) about 6 months ago, did (he/she) stay overnight as a patient in a nursing home or rehabilitation center?

**YAMCNH** 1  Yes      0  No      8  Don't know      7  Refused

- ★ 7. Since we last spoke to (name of Health ABC participant) about 6 months ago, did (he/she) receive care at home from a visiting nurse, home health aide, or nurse's aide?

**YAMCVN** 1  Yes      0  No      8  Don't know      7  Refused

# PROXY INTERVIEW

Now I'm going to ask you about some medical problems that *(name of Health ABC participant)* might have had in the past 12 months.

**In the past 12 months, was *(name of Health ABC participant)* told by a doctor that *(he/she)* had...?**

8. Hypertension or high blood pressure? We are specifically interested in hearing about hypertension or high blood pressure that was diagnosed for the first time in the past 12 months.
- YAHCHBP**  Yes  No  Don't know  Refused

9. Diabetes or sugar diabetes? Again, we are specifically interested in hearing about diabetes that was diagnosed for the first time in the past 12 months.
- YASGDIAB**  Yes  No  Don't know  Refused

10. In the past 12 months, has *(name of Health ABC participant)* fallen and landed on the floor or ground?
- YAAJFALL**  Yes  No  Don't know  Refused

Please go to Question #11

How many times has *(he/she)* fallen in the past 12 months?  
If you are unsure, please make your best guess.

- YAAJFNUM**
- One  Two or three  Four or five  Six or more  Don't know

# PROXY INTERVIEW

Now I'm going to ask about some medical problems (*name of Health ABC participant*) might have had since we last spoke to (*him/her*) about 6 months ago, which was on

		/			/				
Month			Day			Year			

- ★ 11. Since we last spoke to (*name of Health ABC participant*) about 6 months ago, was (*he/she*) told by a doctor that (*he/she*) had a heart attack, angina, or chest pain due to heart disease?
- YAHCHAMI**  Yes       No       Don't know       Refused

★ Was (*he/she*) hospitalized overnight for this problem?

Yes       No **YAHOSMI**

★ Complete a Health ABC Event Form, Section I, for each overnight hospitalization. Record reference #'s below:

a. 

--	--	--	--	--

**YAREF11A**

b. 

--	--	--	--	--

**YAREF11B**

c. 

--	--	--	--	--

**YAREF11C**

Go to Question #12

- ★ 12. Since we last spoke to (*name of Health ABC participant*) about 6 months ago, was (*he/she*) told by a doctor that (*he/she*) had a stroke, mini-stroke, or TIA?
- Yes       No       Don't know       Refused **YAHCCVA**

★ Was (*he/she*) hospitalized overnight for this problem?

Yes       No **YAHOSMI2**

★ Complete a Health ABC Event Form, Section I, for each overnight hospitalization. Record reference #'s below:

a. 

--	--	--	--	--

**YAREF12A**

b. 

--	--	--	--	--

**YAREF12B**

c. 

--	--	--	--	--

**YAREF12C**

Go to Question #13

- ★ 13. Since we last spoke to (*name of Health ABC participant*) about 6 months ago, was (*he/she*) told by a doctor that (*he/she*) had congestive heart failure?
- YACHF**  Yes       No       Don't know       Refused

★ Was (*he/she*) hospitalized overnight for this problem?

Yes       No **YAHOSMI3**

★ Complete a Health ABC Event Form, Section I, for each overnight hospitalization. Record reference #'s below:

a. 

--	--	--	--	--

**YAREF13A**

b. 

--	--	--	--	--

**YAREF13B**

c. 

--	--	--	--	--

**YAREF13C**

Go to Question #14

# PROXY INTERVIEW

- ★ 14. Since we last spoke to *(name of Health ABC participant)* about 6 months ago, was *(he/she)* told by a doctor that *(he/she)* had cancer? We are specifically interested in hearing about a cancer that was diagnosed for the first time since we last spoke to *(him/her)*.

<sup>1</sup> Yes       <sup>0</sup> No       <sup>8</sup> Don't know       <sup>7</sup> Refused **YACHMGMT**

★ Complete a Health ABC Event Form, Section II, for each event.  
Record reference #'s below:

a. 

--	--	--	--	--

**YAREF14A**

b. 

--	--	--	--	--

**YAREF14B**

c. 

--	--	--	--	--

**YAREF14C**

- ★ 15. Since we last spoke to *(name of Health ABC participant)* about 6 months ago, was *(he/she)* told by a doctor that *(he/she)* had pneumonia?

<sup>1</sup> Yes       <sup>0</sup> No       <sup>8</sup> Don't know       <sup>7</sup> Refused **YALCPNEU**

★ Complete a Health ABC Event Form, Section II, for each event.  
Record reference #'s below:

a. 

--	--	--	--	--

**YAREF15A**

b. 

--	--	--	--	--

**YAREF15B**

c. 

--	--	--	--	--

**YAREF15C**

- ★ 16. Since we last spoke to *(name of Health ABC participant)* about 6 months ago, was *(he/she)* told by a doctor that *(he/she)* broke or fractured a bone(s)?

<sup>1</sup> Yes       <sup>0</sup> No       <sup>8</sup> Don't know       <sup>7</sup> Refused **YAOSBR45**

★ Complete a Health ABC Event Form, Section II, for each event.  
Record reference #'s below:

a. 

--	--	--	--	--

**YAREF16A**

b. 

--	--	--	--	--

**YAREF16B**

c. 

--	--	--	--	--

**YAREF16C**

# PROXY INTERVIEW

- ★ 17. Was (name of Health ABC participant) hospitalized overnight for any other reasons since we last spoke to (him/her) about 6 months ago?
- 1 Yes     
  0 No     
  8 Don't know     
  7 Refused **YAHOSP**

★ **Complete a Health ABC Event Form, Section I, for each event. Record reference #'s and reason for hospitalization below.**

<p>a. <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <b>YAREF17A</b></p> <p>Reason for hospitalization: _____</p>	<p>b. <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <b>YAREF17B</b></p> <p>Reason for hospitalization: _____</p>	<p>c. <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <b>YAREF17C</b></p> <p>Reason for hospitalization: _____</p>
<p>d. <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <b>YAREF17D</b></p> <p>Reason for hospitalization: _____</p>	<p>e. <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <b>YAREF17E</b></p> <p>Reason for hospitalization: _____</p>	<p>f. <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <b>YAREF17F</b></p> <p>Reason for hospitalization: _____</p>

- ★ 18. Has (name of Health ABC participant) had any same day outpatient surgery since we last spoke to (him/her) about 6 months ago?
- 1 Yes     
  0 No     
  8 Don't know     
  7 Refused **YAOUTPA**

		<b>Reference #</b>
<p>★ a. Was it for...? A procedure to open a blocked artery</p>	<p><input checked="" type="radio"/> 1 Yes      <b>→ Complete a Health ABC Event Form, Section III. Record reference #:</b></p> <p><input type="radio"/> 0 No</p> <p><input type="radio"/> 8 Don't know <b>YABLART</b></p>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <p><b>YAREF18A</b></p>
<p>★ b. Gall bladder surgery</p>	<p><input type="radio"/> 1 Yes</p> <p><input type="radio"/> 0 No</p> <p><input type="radio"/> 8 Don't know <b>YAGALLBL</b></p>	
<p>★ c. Cataract surgery</p>	<p><input type="radio"/> 1 Yes</p> <p><input type="radio"/> 0 No</p> <p><input type="radio"/> 8 Don't know <b>YACATAR</b></p>	
<p>★ d. TURP (MEN ONLY) (transurethral resection of prostate)</p>	<p><input type="radio"/> 1 Yes</p> <p><input type="radio"/> 0 No</p> <p><input type="radio"/> 8 Don't know <b>YATURP</b></p>	

# PROXY INTERVIEW

19. Is there any other illness or condition for which (*name of Health ABC participant*) sees a doctor or other health care professional?
- 1 Yes       0 No       8 Don't know       7 Refused **YAOTILL**

Please go to Question #20

Please describe for what:

---

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20. Does (*name of Health ABC participant*) have any problems with (*his/her*) memory?
- 1 Yes       0 No       8 Don't know       7 Refused **YAMEM**

Please go to Question #21

a. Did (*his/her*) trouble with memory begin suddenly or slowly?

1 Suddenly **YAMEMBEG**

2 Slowly

8 Don't know

b. Has the course of memory problems been a steady downhill progression, an abrupt decline, stayed the same, or gotten better?

1 Steady downhill progression **YAMEMPRG**

2 Abrupt decline

3 Stayed the same (no decline)

4 Gotten better

8 Don't know

c. Is a doctor aware of (*his/her*) memory problems?

1 Yes       0 No       8 Don't know **YAMEMDR**

What does the doctor believe is causing (*his/her*) memory problems?  
**(Interviewer Note: Please mark only one answer.)**

<input type="radio"/> 1 Alzheimer's disease	<input type="radio"/> 7 Parkinson's disease <b>YAMEMPRB</b>
<input type="radio"/> 2 Confusion	<input type="radio"/> 9 Stroke
<input type="radio"/> 3 Delerium	<input type="radio"/> 10 Nothing wrong
<input type="radio"/> 4 Dementia	<input type="radio"/> 11 Other ( <i>Please specify</i> )
<input type="radio"/> 5 Depression	_____
<input type="radio"/> 6 Multiinfarct	<input type="radio"/> 8 Don't know

# PROXY INTERVIEW

- ★ 21. Because of a health or physical problem, does (name of Health ABC participant) have any difficulty walking a quarter of a mile, that is about 2 or 3 blocks?  
(Interviewer Note: If the proxy responds "Doesn't do," probe to determine whether this was because of a health or physical problem. If the participant doesn't walk because of a health or physical problem, mark "Yes." If the participant doesn't walk for other reasons, mark "Does not do.")

YADWQMYN  1 Yes       0 No       8 Don't know       7 Refused       9 Does not do

Go to Question #22

★ How much difficulty does (he/she) have?  
(Interviewer Note: Read response options.)

- 1  A little difficulty      YADWQMDF
- 2  Some difficulty
- 3  A lot of difficulty
- 4  Or are they unable to do it?
- 8  Don't know

- ★ 22. Because of a health or physical problem, does (name of Health ABC participant) have any difficulty walking up 10 steps, that is about 1 flight, without resting?  
(Interviewer Note: If the proxy responds "Doesn't do," probe to determine whether this is because of a health or physical problem. If the participant doesn't walk up 10 steps because of a health or physical problem, mark "Yes." If the participant doesn't walk up steps for other reasons, such as there are simply no steps in the area, mark "Does not do.")

YADW10YN  1 Yes       0 No       8 Don't know       7 Refused       9 Does not do

Go to Question #23

★ How much difficulty does (he/she) have?  
(Interviewer Note: Read response options.)

- 1  A little difficulty      YADIF
- 2  Some difficulty
- 3  A lot of difficulty
- 4  Or are they unable to do it?
- 8  Don't know

# PROXY INTERVIEW

- ★23. Does (name of Health ABC participant) have to use a cane, walker, crutches, or other special equipment to help (him/her) get around?
- 1  Yes      0  No      8  Don't know      7  Refused **YAEQUIP**

24. Because of a health or physical problem, does (name of Health ABC participant) have any difficulty getting in and out of bed or chairs?
- 1  Yes      0  No      8  Don't know      7  Refused **YADIOYN**

a. How much difficulty does (he/she) have?

**(Interviewer Note: Read response options.)**

- 1  A little difficulty      **YADIODIF**  
2  Some difficulty  
3  A lot of difficulty  
4  Or are they unable to do it?  
8  Don't know

b. Does (he/she) usually receive help from another person when (he/she) gets in and out of bed or chairs?

- 1  Yes      0  No      8  Don't know **YADIORHY**

25. Does (name of Health ABC participant) have any difficulty bathing or showering?

- 1  Yes      0  No      8  Don't know      7  Refused **YABATHYN**

a. How much difficulty does (he/she) have?

**(Interviewer Note: Read response options.)**

- 1  A little difficulty      **YABATHDF**  
2  Some difficulty  
3  A lot of difficulty  
4  Or are they unable to do it?  
8  Don't know

b. Does (he/she) usually receive help from another person in bathing or showering?

- 1  Yes      0  No      8  Don't know **YABATHRH**

# PROXY INTERVIEW

26. Does (name of Health ABC participant) have any difficulty dressing?

- 1 Yes       0 No       8 Don't know       7 Refused **YADDYN**

a. How much difficulty does (he/she) have?  
(Interviewer Note: Read response options.)

- 1 A little difficulty      **YADDIF**  
 2 Some difficulty  
 3 A lot of difficulty  
 4 Or are they unable to do it?  
 8 Don't know

b. Does (he/she) usually receive help from another person in dressing?

- 1 Yes       0 No       8 Don't know **YADDRHYN**

★ 27. In general, would you say that (name of Health ABC participant's) appetite or desire to eat has been. . . ?

(Interviewer Note: Read response options.)

- 1 Very good       5 Very poor **YAAPPET**  
 2 Good       8 Don't know  
 3 Moderate       7 Refused  
 4 Poor

★ 28. Since we last spoke to (name of Health ABC participant) about 6 months ago, has (his/her) weight changed by 5 or more pounds?

(Interviewer Note: We are interested in net gain or loss during the past 6 months. In other words, is the participant either 5 or more pounds heavier or lighter than they were 6 months ago?)

- YACHN5LB**  1 Yes       0 No       8 Don't know       7 Refused

★ a. Did (he/she) gain or lose weight?  
(Interviewer Note: We are interested in net gain or loss during the past 6 months.)

- 1 Gain       2 Lose       8 Don't know **YAGNLS**

★ b. How many pounds did (he/she) gain/lose in the past 6 months?  
(Interviewer Note: If necessary, probe - "If you are unsure, please make your best guess.")

- YAHOW6**   pounds       8 Don't know **YAHOW6DN**

# PROXY INTERVIEW

29. Where does *(name of Health ABC participant)* usually go for health care or advice about health care?

***(Interviewer Note: Read response options. Please mark only one answer.)***

- 1  Private doctor's office (individual or group practice)
- 2  Public clinic such as a neighborhood health center
- 3  Health Maintenance Organization (HMO) ***(Please specify: \_\_\_\_\_ )***  
(Examples: Keystone, Cigna, UPMC Health Plan, Aetna, HealthAmerica, HealthSpring)
- 4  Hospital outpatient clinic
- 5  Emergency room
- 6  Other ***(Please specify: \_\_\_\_\_ )***

YAHCSRC

***Examiner Note: Please update the name, address, and telephone number of the doctor or place that the participant usually goes to for health care on the HABC Participant Contact Information report.***

# PROXY INTERVIEW

---

30. We would like to update all of *(name of Health ABC participant's)* contact information this year. The address that we currently have listed for *(name of Health ABC participant)* is:  
***(Interviewer Note: Please review the HABC Participant Contact Information report and confirm that the address you have for the participant is correct.)***

Is the address that we currently have correct?

Yes

No **NOT COLLECTED**



***Examiner Note: Please record the street address, city, state and zip code for the participant on the HABC Participant Contact Information report.***

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The telephone number(s) that we currently have for *(name of Health ABC participant)* is *(are)*  
***(Interviewer Note: Please review the HABC Participant Contact Information report and confirm that the telephone number(s) that you have for the participant are correct.)***

Please tell me if these telephone numbers are correct.

Are the telephone number(s) that we currently have correct?

Yes

No **NOT COLLECTED**



***Examiner Note: Please record the telephone number(s) for the participant on the HABC Participant Contact Information report.***

# PROXY INTERVIEW

---

31. Do you expect (*name of Health ABC participant*) to move or have a different mailing address in the next 6 months?

1  Yes

0  No

8  Don't know

7  Refused **YAMOVE**

***Examiner Note: Please record the new mailing address and telephone number, and date the new address and telephone numbers are effective on the HABC Participant Contact Information report.***

## PROXY INTERVIEW

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32. **Interviewer Note: Please answer the following question based on your judgment of the proxy's responses to the Proxy Interview.**

On the whole, how reliable do you think the proxy's responses to the Proxy Interview are?

- 1  Very reliable
  - 2  Fairly reliable **YARELY**
  - 3  Not very reliable
  - 8  Don't know
- 

33. What is the primary reason a proxy was contacted for the Semi-Annual Telephone Interview or Annual Contact? Please mark only one reason.

- 1  Illness/health problem(s)
- 2  Hearing difficulties
- 3  Cognitive difficulties
- 4  In nursing home/long-term care facility **YAPROXY**
- 5  Refused to give reason
- 6  Other (*Please specify:* **YAPROXOT** )

Thank you very much for answering these questions. Please remember to call us if (*name of Health ABC participant*) is admitted to a hospital or nursing home for any reason so that we can better understand changes in (*his/her*) health. We would also like to hear from you if (*name of Health ABC participant*) moves or if (*his/her*) mailing address changes. We will be calling you in about 6 months from now to find out how (*name of Health ABC participant*) has been doing.



HABC Enrollment ID # H [ ] [ ] [ ] [ ] [ ]	Acrostic [ ] [ ] [ ] [ ] [ ]	Year of Interview <input type="radio"/> 13.5 <input type="radio"/> 14.5 <input type="radio"/> 15.5 <input type="radio"/> 16.5 <b>CONTACT</b>
---	---------------------------------	--

**HABCID ACROS**  
**YEAR 13.5 INTERVIEW**

**NOT COLLECTED**

Date of last regularly scheduled contact: [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ] = Priority questions  
Month Day Year

*(Examiner Note: Refer to Data from Prior Visits Report. Please also record this date on the top of page 21. If participant agrees to only partial interview, ask questions first.)*

*I would like to ask you some questions that we asked you about 6 months ago, on (date of last contact). The reason for asking them again is to find out how you've been doing during the past six months.*

1. In general, how would you say your health is? Would you say it is. . .  
*(Examiner Note: Read response options.)*

- 1  Excellent
  - 2  Very good
  - 3  Good
  - 4  Fair
  - 5  Poor
  - 8  Don't know
  - 7  Refused
- G2HSTAT**

2. Since we last spoke to you about [# months since last contact] months ago, did you stay in bed all or most of the day because of an illness or injury? Please include days that you were a patient in a hospital.

1  Yes      0  No      8  Don't know      7  Refused **G2BED12**

About how many days did you stay in bed all or most of the day because of an illness or injury? Please include days that you were a patient in a hospital.  
*(Examiner Note: If necessary, probe - "If you are unsure, please make your best guess.")*

[ ] [ ] [ ] days **G2BEDDAY**

3. Since we last spoke to you about [# months since last contact] months ago, did you cut down on the things you usually do, such as going to work or working around the house, because of an illness or injury? Please include days in bed.

- 1  Yes      0  No      8  Don't know      7  Refused **G2CUT12**

How many days did you cut down on the things you usually do because of illness or injury? Please include days in bed.  
*(Examiner Note: If necessary, probe - "If you are unsure, please make your best guess.")*

[ ] [ ] [ ] days **G2CUTDAY**

HABC Enrollment ID #	Acrostic	Year of Interview			
<input type="text" value="H"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 13.5	<input type="radio"/> 14.5	<input type="radio"/> 15.5	<input type="radio"/> 16.5
<b>HABCID</b>	<b>ACROS</b>	<b>CONTAC</b>			

**MEDICAL STATUS**

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- ★ 4. Since we last spoke to you about [*# months since last contact*] months ago, did you stay overnight as a patient in a nursing home or rehabilitation center?
- <sup>1</sup> Yes     <sup>0</sup> No     <sup>8</sup> Don't know     <sup>7</sup> Refused **G3MCNH**
- 

- ★ 5. Since we last spoke to you about [*# months since last contact*] months ago, did you receive care at home from a visiting nurse, home health aide, or nurse's aide?
- <sup>1</sup> Yes     <sup>0</sup> No     <sup>8</sup> Don't know     <sup>7</sup> Refused **G3MCVN**
-

HABC Enrollment ID #	Acrostic	Year of Interview			
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 13.5	<input type="radio"/> 14.5	<input type="radio"/> 15.5	<input type="radio"/> 16.5

**HABCID ACROS CONTACT**  
**PHYSICAL FUNCTION**

★ **6.** Because of a health or physical problem, do you have any difficulty walking a quarter of a mile, that is about 2 or 3 blocks?  
*(Examiner Note: If the participant responds "Don't do," probe to determine whether this is because of a health or physical problem. If the participant doesn't walk because of a health or physical problem, mark "Yes." If the participant doesn't walk for other reasons, mark "Don't do.")*

**G4DWQMYN**  1 Yes       0 No       8 Don't know       7 Refused       9 Don't do

↓

Go to Question #6d

Go to Question #7

★ **a.** How much difficulty do you have?  
*(Examiner Note: Read response options.)*  
**G4DWQMDF**  
 1 A little difficulty     2 Some difficulty     3 A lot of difficulty     4 Or are you unable to do it     8 Don't know

★ **b.** What is the main reason that you have difficulty? Is it because of arthritis, shortness of breath, heart disease, or some other reason?  
*(Examiner Note: Do NOT read response options. If "some other reason," probe for response. Mark only ONE answer.)*

<input type="radio"/> 1 Arthritis <input type="radio"/> 2 Back pain <input type="radio"/> 3 Balance problems/unsteadiness on feet <input type="radio"/> 4 Cancer <input type="radio"/> 5 Chest pain/discomfort <input type="radio"/> 6 Circulatory problems <input type="radio"/> 7 Diabetes <input type="radio"/> 8 Fatigue/tiredness (no specific disease) <input type="radio"/> 9 Fall <input type="radio"/> 23 Foot/ankle pain <input type="radio"/> 10 Heart disease (including angina, congestive heart failure, etc) <input type="radio"/> 11 High blood pressure/hypertension	<input type="radio"/> 12 Hip fracture <input type="radio"/> 13 Injury <input type="radio"/> 14 Joint pain (Please specify: _____) <input type="radio"/> 24 Leg pain <input type="radio"/> 15 Lung disease (asthma, chronic bronchitis, emphysema, etc) <input type="radio"/> 16 Old age (no mention of a specific condition) <input type="radio"/> 17 Osteoporosis <input type="radio"/> 18 Shortness of breath <input type="radio"/> 19 Stroke <input type="radio"/> 20 Other symptom (Please specify: _____) <input type="radio"/> 21 Multiple conditions/symptoms unable to determine MAIN reason <input type="radio"/> 22 Don't know
--	---

**G4MNRS**

★ **c.** Do you have any difficulty walking across a small room?  
 1 Yes       0 No       8 Don't know       7 Refused **G4DWSMRM**

↓  

Go to Question #7

HABC Enrollment ID #	Acrostic	Year of Interview			
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 13.5	<input type="radio"/> 14.5	<input type="radio"/> 15.5	<input type="radio"/> 16.5
<b>HABCID</b>	<b>ACROS</b>	<b>CONTAG</b>			

**PHYSICAL FUNCTION**

★ 6d. How easy is it for you to walk a quarter of a mile?  
(*Examiner Note: Read response options.*)

- 1  Very easy
- 2  Somewhat easy
- 3  Or not that easy
- 8  Don't know/don't do

**G5DWQMEZ**

★ 6e. Because of a health or physical problem, do you have any difficulty walking a distance of one mile, that is about 8 to 12 blocks?

- 1  Yes →
- 0  No →
- 8  Don't know/don't do →

**G5DW1MYN**

★ 6f. How easy is it for you to walk one mile?  
(*Examiner Note: Read response options.*)

- 1  Very easy
- 2  Somewhat easy
- 3  Or not that easy
- 8  Don't know/don't do

**G5DW1MEZ**

HABC Enrollment ID #	Acrostic	Year of Interview			
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 13.5	<input type="radio"/> 14.5	<input type="radio"/> 15.5	<input type="radio"/> 16.5
<b>HABCID</b>	<b>ACROS</b>	<b>CONTAC</b>			

**PHYSICAL FUNCTION**

★ 7. Because of a health or physical problem, do you have any difficulty walking up 10 steps, that is about 1 flight, without resting?  
*(Examiner Note: If the participant responds "Don't do," probe to determine whether this is because of a health or physical problem. If the participant doesn't walk up 10 steps because of a health or physical problem, mark "Yes." If the participant doesn't walk up steps for other reasons, such as there are simply no steps in the area, mark "Don't do.")*

**G6DW10YN**  Yes  No  Don't know  Refused  Don't do

↓ ↓ ↓ ↓ ↓

★ a. How much difficulty do you have?  
*(Examiner Note: Read response options.)* **G6DIF**

1 A little difficulty  2 Some difficulty  3 A lot of difficulty  4 Or are you unable to do it  8 Don't know

★ b. What is the main reason that you have difficulty? Is it because of arthritis, shortness of breath, heart disease, or some other reason?  
*(Examiner Note: Do NOT read response options. If "some other reason," probe for response. Mark only ONE answer.)*

<input type="radio"/> 1 Arthritis	<input type="radio"/> 12 Hip fracture
<input type="radio"/> 2 Back pain	<input type="radio"/> 13 Injury
<input type="radio"/> 3 Balance problems/unsteadiness on feet	<input type="radio"/> 14 Joint pain (Please specify: _____)
<input type="radio"/> 4 Cancer	<input type="radio"/> 24 Leg pain
<input type="radio"/> 5 Chest pain/discomfort	<input type="radio"/> 15 Lung disease (asthma, chronic bronchitis, emphysema, etc)
<input type="radio"/> 6 Circulatory problems	<input type="radio"/> 16 Old age (no mention of a specific condition)
<input type="radio"/> 7 Diabetes	<input type="radio"/> 17 Osteoporosis <b>G6MNR52</b>
<input type="radio"/> 8 Fatigue/tiredness (no specific disease)	<input type="radio"/> 18 Shortness of breath
<input type="radio"/> 9 Fall	<input type="radio"/> 19 Stroke
<input type="radio"/> 23 Foot/ankle pain	<input type="radio"/> 20 Other symptom (Please specify: _____)
<input type="radio"/> 10 Heart disease (including angina, congestive heart failure, etc)	<input type="radio"/> 21 Multiple conditions/symptoms unable to determine MAIN reason
<input type="radio"/> 11 High blood pressure/hypertension	<input type="radio"/> 22 Don't know

↓

HABC Enrollment ID #	Acrostic	Year of Interview			
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 13.5	<input type="radio"/> 14.5	<input type="radio"/> 15.5	<input type="radio"/> 16.5
<b>HABCID</b>	<b>ACROS</b>	<b>CONTAC</b>			

**PHYSICAL FUNCTION**



**7c.** How easy is it for you to walk up 10 steps without resting?  
*(Examiner Note: Read response options.)*

- 1  Very easy
- 2  Somewhat easy
- 3  Or not that easy
- 8  Don't know/don't do

**G7DW10EZ**



**7d.** Because of a health or physical problem, do you have any difficulty walking up 20 steps, that is about 2 flights, without resting?

- G7DW20YN**
- 1  Yes →
  - 0  No →
  - 8  Don't know/don't do →



**7e.** How easy is it for you to walk up 20 steps without resting?  
*(Examiner Note: Read response options.)*

- 1  Very easy
- 2  Somewhat easy
- 3  Or not that easy
- 8  Don't know/don't do

**G7DW20EZ**

HABC Enrollment ID #	Acrostic	Year of Interview
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 13.5 <input type="radio"/> 14.5 <input type="radio"/> 15.5 <input type="radio"/> 16.5
<b>HABCID</b>	<b>ACROS</b>	<b>CONTAC</b>

**PHYSICAL FUNCTION**

8. Do you have any difficulty doing heavy work around the house like vacuuming, shoveling snow, mowing or raking the lawn, gardening, or scrubbing windows, walls or floors?  
*(Examiner Note: If a participant responds, "I can do them but my doctor says I'm not allowed," or "I could do them but I chose not to do them," probe by re-asking the stem question about whether they would have any difficulty doing heavy work around the house. If the participant responds, "No," check "No" and ask the follow-up question.)*

**G8DIFHW**  Yes
 No
 Don't know
 Refused

How much difficulty do you have?  
*(Examiner Note: Read response options.)*

- 1  A little difficulty
- 2  Some difficulty
- 3  A lot of difficulty
- 4  Or are you unable
- 8  Don't know

**G8DHWAMT**

How easy is it for you to do heavy work around the house?  
*(Examiner Note: Read response options.)*

- 1  Very easy
- 2  Somewhat easy
- 3  Or not that easy
- 8  Don't know

**G8EZHW**

HABC Enrollment ID #	Acrostic	Year of Interview
H [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ]	<input type="radio"/> 13.5 <input type="radio"/> 14.5 <input type="radio"/> 15.5 <input type="radio"/> 16.5

**HABCID**

**ACROS**

**CONTAC**

**PHYSICAL FUNCTION**

★ 9. Do you have to use a cane, walker, crutches, or other special equipment to help you get around?  
 1 Yes     0 No     8 Don't know     7 Refused **G9EQUIP**

★ 10. Because of a health or physical problem, do you have any difficulty getting in and out of bed or chairs?  
 1 Yes     0 No     8 Don't know     7 Refused **G9DIOYN**

★ Does someone usually help you get in and out of bed or chairs?  
 1 Yes     0 No     8 Don't know **G9DIORHY**

★ 11. Do you have any difficulty bathing or showering?  
 1 Yes     0 No     8 Don't know     7 Refused **G9BATHYN**

★ Does someone usually help you bathe or shower?  
 1 Yes     0 No     8 Don't know **G9BATHRH**

★ 12. Do you have any difficulty dressing?  
 1 Yes     0 No     8 Don't know     7 Refused **G9DDYN**

★ Does someone usually help you to dress?  
 1 Yes     0 No     8 Don't know **G9DDRHYN**

13. Because of a health or physical problem, do you have any difficulty standing up from a chair without using your arms?  
 1 Yes     0 No     8 Don't know     7 Refused **G9DIFSTA**

How much difficulty do you have?  
**(Examiner Note: Read response options.)**  
 1 A little difficulty  
 2 Some difficulty  
 3 A lot of difficulty  
 4 Or are you unable to do it  
 8 Don't know

How easy is it for you to stand up from a chair without using your arms?  
**(Examiner Note: Read response options.)**  
 1 Very easy  
 2 Somewhat easy  
 3 Or not that easy  
 8 Don't know

**G9DSTAMT**

**G9EZSTA**

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H [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ]	<input type="radio"/> 13.5	<input type="radio"/> 14.5	<input type="radio"/> 15.5	<input type="radio"/> 16.5

**HABCID**

**ACROS**

**CONTAG**

**PHYSICAL FUNCTION**

14. Do you have any difficulty stooping, crouching or kneeling?  
*(Examiner Note: "Difficulty" refers to difficulty getting down AND/OR getting back up.)*

**GEDIFSCK**  Yes  No  Don't know  Refused

How much difficulty do you have?  
*(Examiner Note: Read response options.)*

**GED\$CKAM**

A little difficulty  
 Some difficulty  
 A lot of difficulty  
 Or are you unable to do it  
 Don't know

15. Do you have any difficulty raising your arms up over your head?  
 Yes  No  Don't know  Refused

**GEDIFARM**  Yes  No  Don't know  Refused

How much difficulty do you have?  
*(Examiner Note: Read response options.)*

**GEDARMAM**

A little difficulty  
 Some difficulty  
 A lot of difficulty  
 Or are you unable to do it  
 Don't know

16. Do you have any difficulty using your fingers to grasp or handle?  
 Yes  No  Don't know  Refused

**GEDIFFN**  Yes  No  Don't know  Refused

How much difficulty do you have?  
*(Examiner Note: Read response options.)*

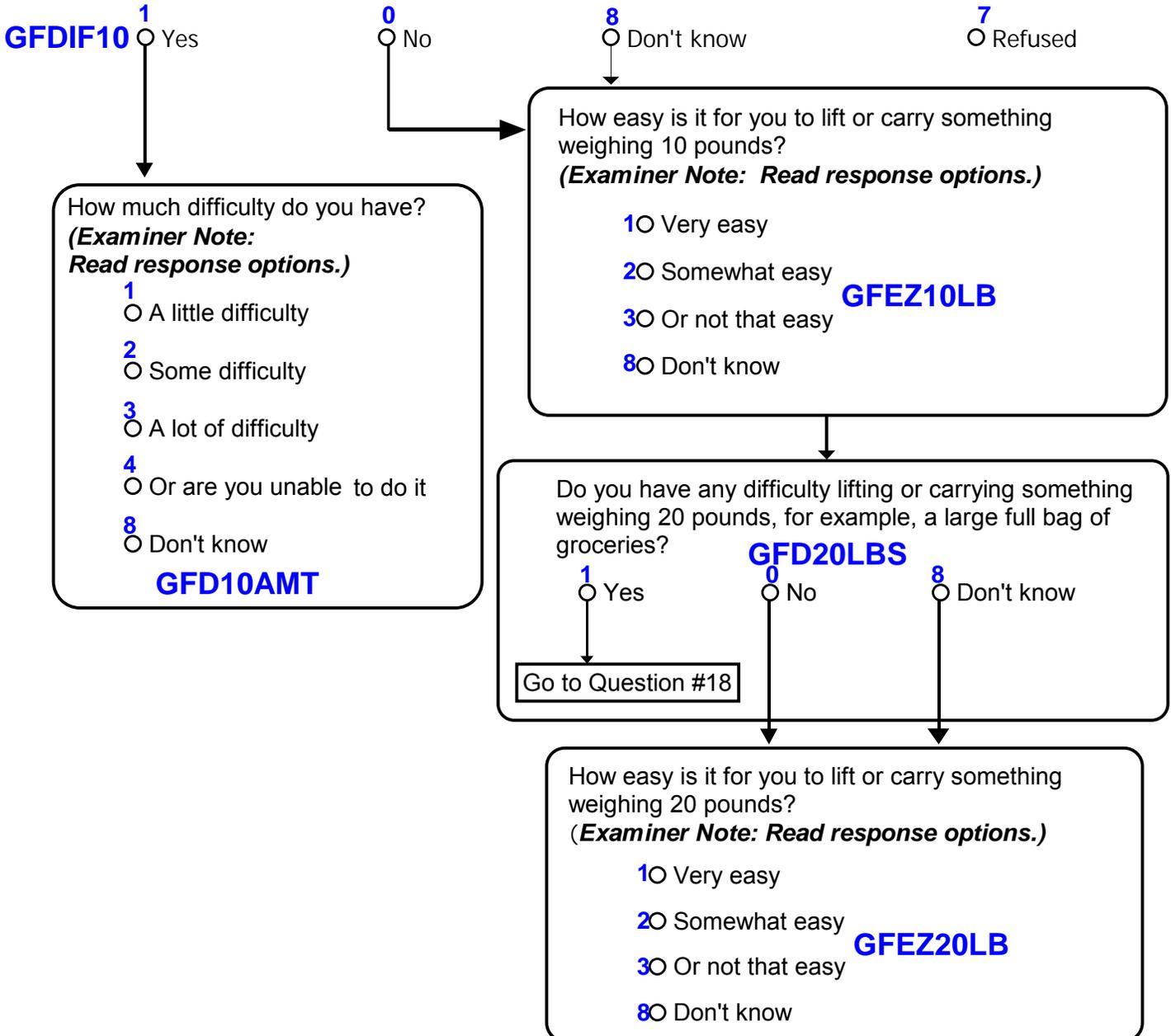
**GEDIFNAM**

A little difficulty  
 Some difficulty  
 A lot of difficulty  
 Or are you unable to do it  
 Don't know

HABC Enrollment ID #	Acrostic	Year of Interview			
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 13.5	<input type="radio"/> 14.5	<input type="radio"/> 15.5	<input type="radio"/> 16.5
<b>HABCID</b>	<b>ACROS</b>	<b>CONTAG</b>			

**PHYSICAL FUNCTION**

**17.** Because of a health or physical problem, do you have any difficulty lifting or carrying something weighing 10 pounds, for example a small bag of groceries or an infant?



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H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 13.5	<input type="radio"/> 14.5	<input type="radio"/> 15.5	<input type="radio"/> 16.5

**HABCID**

**AGROS**

**CONTAG**

**PHYSICAL ACTIVITY AND EXERCISE**

**18.** Did you do heavy or major chores like scrubbing windows or walls, vacuuming, or cleaning gutters; home maintenance activities like painting; gardening or yardwork; or anything like these activities, at least 10 times, in the past 12 months?

**1**  Yes

**0**  No

**8**  Don't know

**7**  Refused **GGHC12MO**

Go to Question #19

**a.** In the past 7 days, did you do heavy chores or home maintenance activities?

**1**  Yes

**0**  No

**8**  Don't know **GGHC7DAY**

Go to Question #19

**b.** About how much time did you spend doing heavy chores or home maintenance activities in the past 7 days (not counting rest periods)?  
*(Examiner Note: If less than 1 hour, record number of minutes.)*

**GGHCHRS**   **GGHCMINS**

Hours Minutes

**-1**  Don't know **GGHCDK**

HABC Enrollment ID #	Acrostic	Year of Interview
H [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ]	<input type="radio"/> 13.5 <input type="radio"/> 14.5 <input type="radio"/> 15.5 <input type="radio"/> 16.5

**HABCID ACROS CONTACT**  
**PHYSICAL ACTIVITY AND EXERCISE**

**19.** Did you walk for exercise, or walk to work, the store, or church, or walk the dog, at least 10 times, in the past 12 months?

- 1  Yes      0  No      8  Don't know      7  Refused **GHEW12MO**

Go to Question #20

In the past 7 days, did you go walking?  
 1  Yes      0  No **GHEW7DAY**

**a.** How many times did you go walking in the past 7 days?

**GHEWTMDK**

**GHEWTIME** [ ] [ ] times  Don't know **-1**

**b.** About how much time, on average, did you spend walking each time you walked (excluding rest periods)?  
 (Examiner Note: If less than 1 hour, record number of minutes.) **GHEWMINS**

**GHEWHRS** [ ] [ ] Hours  Don't know **GHEWTDK**  
 [ ] [ ] Minutes **-1**

**c.** When you walk, do you usually walk at a brisk pace (as fast as you can), a moderate pace, or at a leisurely stroll?

- 1  Brisk    2  Moderate    3  Stroll    8  Don't know

**GHEWPACE**

What is the main reason you did not go walking in the past 7 days?

- 1  Bad weather  
 2  Not enough time  
 3  Injury  
 4  Health problems  
 5  Lost interest **GHEWREAS**  
 6  Felt unsafe  
 7  Not necessary  
 8  Other  
 9  Don't know

**20.** Did you walk up a flight of stairs (a flight is about 10 steps), at least 10 times, in the past 12 months?

- 1  Yes      0  No      8  Don't know      7  Refused **GHFS12MO**

Go to Question #21

**a.** In the past 7 days, did you walk up a flight of stairs?

- 1  Yes      0  No      8  Don't know **GHFS7DAY**

Go to Question #21

**b.** About how many flights did you walk up in the past 7 days? If you are unsure, please make your best guess.

**GHFSNUM** [ ] [ ] [ ] flights  Don't know **GHFSNUMD**  
**-1**

**c.** About how many of these flights did you walk up carrying a small load like laundry, groceries, or an infant?

[ ] [ ] [ ] flights  Don't know **GHFSLODK**  
**-1**

**GHFSLOAD**

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**HABCID**

**ACROS**

**CONTAG**

**PHYSICAL ACTIVITY AND EXERCISE**

21. Did you do any high intensity exercise, such as bicycling, swimming, jogging, racquet sports or using a stair-stepping, rowing or cross country ski machine or exercycle, at least 10 times, in the past 12 months?

- 1 Yes     
  0 No     
  8 Don't know     
  7 Refused **GJHI12MO**

Go to Question #22

In the past 7 days, did you do high intensity exercise?

**GJHI7DAY**  1 Yes       0 No

a. What activity(ies) did you do?  
**Mark all that apply.**

- 1  Bicycling/exercycle **GJHIABE**
- 1  Swimming **GJHIASWM**
- 1  Jogging **GJHIAJOG**
- 1  Aerobics **GJHIAAER**
- 1  Stair-stepping **GJHIASS**
- 1  Racquet sports **GJHIARS**
- 1  Rowing machine **GJHIAROW**
- 1  Cross country ski machine **GJHIASKI**
- 1  Other (Please specify):

**GJHIAOTH** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

b. In the past 7 days, about how much time did you spend doing (first activity named by participant)?  
 (Examiner Note: If less than 1 hour, record number of minutes.)

**GJHIA1HR**   **GJHIA1MIN**

Hours Minutes

-1 Don't know  
**GJHIA1DK**

What is the main reason you have not done any high intensity exercise in the past 7 days?

- 1  Bad weather
- 2  Not enough time
- 3  Injury
- 4  Health problems
- 5  Lost interest **GJHINDEX**
- 6  Felt unsafe
- 7  Not necessary
- 8  Other
- 9  Don't know

**GKH1TIME**

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**HABCID ACROS CONTACT**  
**PHYSICAL ACTIVITY AND EXERCISE**

22. Did you do any moderate intensity exercise, such as golf, bowling, dancing, skating, bocce, table tennis, hunting, sailing or fishing, at least 10 times, in the past 12 months?

**GKMI12MO**  Yes  No  Don't know  Refused

Go to Question #23

In the past 7 days, did you do moderate intensity exercise?

**GKMI7DAY**  Yes  No

a. What activity(ies) did you do?  
**Mark all that apply.)**

- 1  Golf **GKMIGOLF**
- 1  Bowling **GKMIBOWL**
- 1  Dancing **GKMIDANC**
- 1  Skating **GKMISKAT**
- 1  Bocce **GKMIBOCC**
- 1  Table tennis **GKMITENN**
- 1  Billiards/pool **GKMIPOOL**
- 1  Hunting **GKMIHUNT**
- 1  Sailing/boating **GKMIBOAT**
- 1  Fishing **GKMIFISH**
- 1  Other (Please specify):  
**GKMIOT1** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

b. In the past 7 days, about how much time did you spend doing (first activity named by participant)?  
 (Examiner Note: If less than 1 hour, record number of minutes.)

**GKMA1HR**        Don't know **GKMA1DK**  
 Hours Minutes

What is the main reason you have not done any moderate intensity exercise in the past 7 days?

- 1  Bad weather
- 2  Not enough time
- 3  Injury
- 4  Health problems
- 5  Lost interest **GKMINDEX**
- 6  Felt unsafe
- 7  Not necessary
- 8  Other
- 9  Don't know

**GKMI1TIME**

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H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 13.5 <input type="radio"/> 14.5 <input type="radio"/> 15.5 <input type="radio"/> 16.5

**HABCID**      **ACROS**      **CONTACT**  
**APPETITE AND WEIGHT CHANGE**

★ **23.** Now I have some questions about your appetite.  
 In general, would you say that your appetite or desire to eat has been. . . ?  
*(Examiner Note: Read response options.)*

- 1  Very good
- 2  Good
- 3  Moderate
- 4  Poor      **GLAPPET**
- 5  Very poor
- 8  Don't know
- 7  Refused

**24.** Because of a health or physical problem, do you have any difficulty preparing meals?  
**GLDFPREP** 1  Yes      0  No      9  Does not do      8  Don't know      7  Refused

**25.** Because of a health or physical problem, do you have any difficulty shopping for food?  
**GLDFSHOP** 1  Yes      0  No      9  Does not do      8  Don't know      7  Refused

★ **26.** How much do you currently weigh?  
*(Examiner Note: If necessary, probe - "If you are unsure, please make your best guess.")*  
**GLWTLBS**    pounds      **GLLBS2** 8  Don't know/don't remember      7  Refused

★ **27.** At the present time, are you trying to lose weight?  
**GLTRYLS2** 1  Yes      0  No      8  Don't know      7  Refused

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H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 13.5 <input type="radio"/> 14.5 <input type="radio"/> 15.5 <input type="radio"/> 16.5
<b>HABCID</b>	<b>ACROS</b>	<b>CONTAG</b>

**APPETITE AND WEIGHT CHANGE**

★ 28. Since we last spoke to you about 6 months ago, has your weight changed by 5 or more pounds?  
*(Examiner Note: We are interested in net gain or loss during the past 6 months. In other words, is the participant currently either 5 or more pounds heavier or lighter than they were 6 months ago.)*

**GMCHN5LB** <sup>1</sup>  Yes      <sup>0</sup>  No      <sup>8</sup>  Don't know      <sup>7</sup>  Refused

★ a. Did you gain or lose weight?  
*(Examiner Note: We are interested in net gain or loss during the past 6 months.)*

<sup>1</sup>  Gain      <sup>2</sup>  Lose      <sup>8</sup>  Don't know/don't remember **GMGNLS**

★ b. How many pounds did you gain/lose in the past 6 months?  
*(Examiner Note: If necessary, probe - "If you are unsure, please make your best guess.")*

**GMHOW6**   pounds      <sup>8</sup>  Don't know/don't remember      <sup>7</sup>  Refused

**GMHOW6DN**

★ c. Were you trying to gain/lose weight?

<sup>1</sup>  Yes      <sup>0</sup>  No      <sup>8</sup>  Don't know **GMTRGNLS**

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**HABCID**

**ACROS**

**CONTAG**

**MEDICAL CONDITIONS**

29. Now I'm going to ask you about some medical problems that you might have had in the past 12 months.

**In the past 12 months, has a doctor told you that you had...?**

Hypertension or high blood pressure? We are specifically interested in hearing about hypertension or high blood pressure that was diagnosed for the first time in the past 12 months.

- GNHCHBP** <sup>1</sup>  Yes      <sup>0</sup>  No      <sup>8</sup>  Don't know      <sup>7</sup>  Refused

★ 30. Diabetes or sugar diabetes? Again, we are specifically interested in hearing about diabetes that was diagnosed for the first time in the past 12 months.

- GNSGDIAB** <sup>1</sup>  Yes      <sup>0</sup>  No      <sup>8</sup>  Don't know      <sup>7</sup>  Refused

31. In the past 12 months, have you fallen and landed on the floor or ground?

- GNAJFALL** <sup>1</sup>  Yes      <sup>0</sup>  No      <sup>8</sup>  Don't know      <sup>7</sup>  Refused

Go to Page 19, Question #33

How many times have you fallen in the past 12 months?  
If you are unsure, please make your best guess.

- <sup>1</sup>  One
- <sup>2</sup>  Two or three
- <sup>4</sup>  Four or five      **GNAJFNUM**
- <sup>6</sup>  Six or more
- <sup>8</sup>  Don't know

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**HABCID**

**ACROS**

**GONTAG**

**MEDICAL CONDITIONS**

Now, please think about the past 6 months.

★ **32.** In the past 6 months, have you fallen and landed on the floor or ground?

1  Yes      0  No      8  Don't know      7  Refused **GP6MFALL**



Go to Question #33

★ **i.** How many times have you fallen in the past 6 months?  
If you are unsure, please make your best guess.

- 1  One
- 2  Two or three
- 4  Four or five **GP6MFNUM**
- 6  Six or more
- 8  Don't know

★ **ii.** Were you injured in any of your falls?

1  Yes      0  No      8  Don't know **GPINJFAL**



Go to Question #33

★ **iii.** Did you seek medical treatment after any of your falls?

1  Yes      0  No      8  Don't know **GPTRTFAL**

★ **iv.** Were you hospitalized after any of your falls?

1  Yes      0  No      8  Don't know **GPHOSFAL**

★ **v.** Have you been told by a doctor that you broke or fractured a bone(s) because of any of your falls?

1  Yes      0  No      8  Don't know **GPBBNFAL**

**33.** Are you troubled by shortness of breath when hurrying on a level surface or walking up a slight hill?

1  Yes      0  No      8  Don't know      7  Refused **GPLCSBUP**

**34.** Do you ever have to stop for breath when walking at your own pace on a level surface?

1  Yes      0  No      8  Don't know      7  Refused **GPLCSBLS**

HABC Enrollment ID #	Acrostic	Year of Interview			
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 13.5	<input type="radio"/> 14.5	<input type="radio"/> 15.5	<input type="radio"/> 16.5

**HABCID**

**ACROS**

**CONTAG**

**MEDICAL CONDITIONS**

**35.** Has a doctor ever told you that you had any of the following...?

**a.** Emphysema?

- <sup>1</sup> Yes     
  <sup>0</sup> No     
  <sup>8</sup> Don't know     
  <sup>7</sup> Refused **GQLCEMPH**

**b.** Chronic obstructive pulmonary disease or COPD?

- <sup>1</sup> Yes     
  <sup>0</sup> No     
  <sup>8</sup> Don't know     
  <sup>7</sup> Refused **GQLCCOPD**

**c.** Chronic bronchitis?

- <sup>1</sup> Yes     
  <sup>0</sup> No     
  <sup>8</sup> Don't know     
  <sup>7</sup> Refused **GQLCCHBR**

Do you still have chronic bronchitis?

- <sup>1</sup> Yes     
  <sup>0</sup> No     
  <sup>8</sup> Don't know **GQLCSHCB**

HABC Enrollment ID #	Acrostic	Year of Interview			
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 13.5	<input type="radio"/> 14.5	<input type="radio"/> 15.5	<input type="radio"/> 16.5

**HABCID**

**ACROS**

**CONTACT**

**MEDICAL CONDITIONS IN PAST 6 MONTHS**

Now I'm going to ask you about any medical problems you might have had since we last spoke to you about [# months since last contact] months ago, which was on  /  /   
 Month / Day / Year

★ 36. Since we last spoke to you about [# months since last contact] months ago, has a doctor told you that you had a heart attack, angina, or chest pain due to heart disease?  
**GRHCHAMI**  Yes  No  Don't know  Refused

Were you hospitalized overnight for this problem?  
**GRHOSMI**  Yes  No

Complete a Health ABC Event Form, Section I, for each overnight hospitalization. Record reference #'s below:

a.       **GRHRTRFA**

b.       **GRHRTRFB**

c.       **GRHRTRFC**

Go to Question #37

★ 37. Since we last spoke to you about [# months since last contact] months ago, has a doctor told you that you had congestive heart failure?  
**GRCHF**  Yes  No  Don't know  Refused

Were you hospitalized overnight for this problem?  
**GRHOSMI3**  Yes  No

Complete a Health ABC Event Form, Section I, for each overnight hospitalization. Record reference #'s below:

a.       **GRCHFRFA**

b.       **GRCHFRFB**

c.       **GRCHFRFC**

Go to Question #38

HABC Enrollment ID #	Acrostic	Year of Interview			
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 13.5	<input type="radio"/> 14.5	<input type="radio"/> 15.5	<input type="radio"/> 16.5

**HABCID**

**ACROS**

**CONTAG**

**MEDICAL CONDITIONS IN PAST 6 MONTHS**

★ **38.** Since we last spoke to you about [*# months since last contact*] months ago, has a doctor told you that you had a stroke, mini-stroke, or TIA ?

**GSHCCVA**  Yes       No       Don't know       Refused

★ Were you hospitalized overnight for this problem?

**GSHOSMI2**  Yes       No

★ Complete a Health ABC Event Form, Section I, for each overnight hospitalization. Record reference #'s below:

Go to Question #39

a.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>GSTIARFA</b>
b.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>GSTIARFB</b>
c.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>GSTIARFC</b>

★ **39.** Since we last spoke to you about [*# months since last contact*] months ago, has a doctor told you that you had cancer? We are specifically interested in hearing about a cancer that your doctor diagnosed for the first time since we last spoke to you.

**GSCHMGMT**  Yes       No       Don't know       Refused

★ Complete a Health ABC Event Form, Section II, for each event. Record reference #'s below:

a.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>GSCANRFA</b>
b.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>GSCANRFB</b>
c.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>GSCANRFC</b>

HABC Enrollment ID #	Acrostic	Year of Interview			
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 13.5	<input type="radio"/> 14.5	<input type="radio"/> 15.5	<input type="radio"/> 16.5

**HABCID**

**ACROS**

**CONTAG**

**MEDICAL CONDITIONS IN PAST 6 MONTHS**

★ **40.** Since we last spoke to you about [# months since last contact] months ago, has a doctor told you that you had pneumonia?

**GTLCPNEU**  Yes  No  Don't know  Refused

★ Complete a Health ABC Event Form, Section II, for each event. Record reference #'s below:

a.      **GTPNERFA**

b.      **GTPNERFB**

c.      **GTPNERFC**

★ **41.** Since we last spoke to you about [# months since last contact] months ago, have you been told by a doctor that you broke or fractured a bone(s)?

**GTOSBR45**  Yes  No  Don't know  Refused

★ Complete a Health ABC Event Form, Section II, for each event. Record reference #'s below:

a.      **GTFXREFA**

b.      **GTFXREFB**

c.      **GTFXREFC**

HABC Enrollment ID #	Acrostic	Year of Interview
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 13.5 <input type="radio"/> 14.5 <input type="radio"/> 15.5 <input type="radio"/> 16.5

**HABCID**

**ACROS**

**CONTAG**

**MEDICAL CONDITIONS IN PAST 6 MONTHS**

★ 42. Were you hospitalized overnight for any other reasons since we last spoke to you about [# months since last contact] months ago?

- 1 Yes     
 0 No     
 8 Don't know     
 7 Refused **GUHOSP12**

★ **Complete a Health ABC Event Form, Section I, for each event. Record reference #'s and reason for hospitalization below.**

a. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>GUHSPRFA</b>	b. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>GUHSPRFB</b>	c. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>GUHSPRFC</b>
Reason for hospitalization: _____	Reason for hospitalization: _____	Reason for hospitalization: _____
d. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>GUHSPRFD</b>	e. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>GUHSPRFE</b>	f. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>GUHSPRFF</b>
Reason for hospitalization: _____	Reason for hospitalization: _____	Reason for hospitalization: _____

★ 43. Have you had any same day outpatient surgery since we last spoke to you about [# months since last contact] months ago?

- 1 Yes     
 0 No     
 8 Don't know     
 7 Refused **GUOUTPA**

Was it for...?

a. A procedure to open a blocked artery <input type="radio"/> 1 Yes <input type="radio"/> 0 No <input type="radio"/> 8 Don't know <b>GUBLART</b>	<b>Complete a Health ABC Event Form, Section III. Record reference #:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>GUOUTRFA</b>
b. Gall bladder surgery <input type="radio"/> 1 Yes <input type="radio"/> 0 No <input type="radio"/> 8 Don't know <b>GUGALLBL</b>	
c. Cataract surgery <input type="radio"/> 1 Yes <input type="radio"/> 0 No <input type="radio"/> 8 Don't know <b>GUCATAR</b>	
d. TURP (MEN ONLY) (transurethral resection of prostate) <input type="radio"/> 1 Yes <input type="radio"/> 0 No <input type="radio"/> 8 Don't know <b>GUTURP</b>	

HABC Enrollment ID #	Acrostic	Year of Interview
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 13.5 <input type="radio"/> 14.5 <input type="radio"/> 15.5 <input type="radio"/> 16.5

**HABCID**

**ACROS**

**CONTAG**

**MEDICAL CONDITIONS AND FATIGUE**

**44.** Is there any other illness or condition for which you see a doctor or other health care professional?

- <sup>1</sup> Yes                     
 <sup>0</sup> No                     
 <sup>8</sup> Don't know                     
 <sup>7</sup> Refused **GVOTILL**

Go to Question #45

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**45.** Please describe your usual energy level in the past month, where 0 is no energy and 10 is the most energy that you have ever had.

- GVLEEV**      Energy level                     
 <sup>8</sup> Don't know                     
 <sup>7</sup> Refused **GVELEVRF**

**46.** In the past month, on the average, have you been feeling unusually tired during the day?

- <sup>1</sup> Yes                     
 <sup>0</sup> No                     
 <sup>8</sup> Don't know                     
 <sup>7</sup> Refused **GVELTIRE**

Have you been feeling unusually tired...?  
**(Examiner Note: Read response options.)**

<sup>1</sup> All of the time  
 <sup>2</sup> Most of the time  
 <sup>3</sup> Some of the time **GVELOFTN**  
 <sup>8</sup> Don't know  
 <sup>7</sup> Refused

HABC Enrollment ID #	Acrostic	Year of Interview			
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 13.5	<input type="radio"/> 14.5	<input type="radio"/> 15.5	<input type="radio"/> 16.5

HABCID

ACROS

CONTAG

CURRENT ADDRESS AND TELEPHONE NUMBER

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★ 47. Do you expect to move or have a different address in the next 6 months?

- 1 Yes     0 No     8 Don't know     7 Refused **GWMOVE**

**Examiner Note: Please record the new mailing address and telephone number, and date when the new address and telephone numbers are effective.**

**Thank you very much for answering these questions. I enjoyed talking with you. Please remember to call us if you are admitted to a hospital or nursing home for any reason so that we can better understand changes in your health. We would also like to hear from you if you move or if your mailing address changes.**

HABC Enrollment ID #	Acrostic	Date Form Completed			Staff ID #
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>HABCID</b>	<b>ACROS</b>	Month	Day	Year	<b>YASTFID</b>

**PROXY INTERVIEW**

**Year of Contact:** **VISIT**

Year 11                       Year 13.5  
 Year 11.5                       Year 14  
 Year 12                               Year 14.5  
 Year 12.5                           Year 15  
 Year 13                               Other  
*(Please specify \_\_\_\_\_)*

---

**Type of Contact:**

Home (face-to-face interview)  
 Clinic (face-to-face interview)  
 Nursing home (face-to-face interview)  
 Telephone interview  
 Other *(Please specify: \_\_\_\_\_ **YAGONTAG** \_\_\_\_\_)*

**Interviewer Note: This refers to the type of contact the PARTICIPANT would have had, not where the proxy was interviewed.**

**YADATES**

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**Date of last regularly scheduled contact:**   /   /

Month                      Day                      Year

★ = Semi-annual telephone contact questions

**Interviewer Note: Ask all questions for annual contact. Ask only ★ questions during semi-annual telephone contact.**

- ★ 1. What is your relationship to (name of Health ABC participant)?
- 1  Spouse or partner
  - 2  Child
  - 3  Family member (other than spouse or child) *(Please specify: \_\_\_\_\_)*
  - 4  Close friend **YAREL**
  - 5  Health care provider
  - 6  Other *(Please specify: \_\_\_\_\_ **YARELOTH** \_\_\_\_\_)*
  - 7  Refused

- ★ 2. How often do you have contact with (him/her)? *(Interviewer Note: Please mark only one answer.)*
- 1  Live together → Go to Question #4
  - 2  Daily (but does not live together)
  - 3  3 or more times a week **YACONFRQ**
  - 4  Less than 3 times a week
  - 8  Don't know
  - 7  Refused

# PROXY INTERVIEW

- ★ 3. What is the most frequent type of contact?
- 1  Mostly in person
  - 2  Mostly by phone
  - 3  Both in person and by phone
  - 4  Other (Please specify: YACONTYP )
  - 8  Don't know
  - 7  Refused

- ★ 4. Since we last spoke to (name of Health ABC participant) about 6 months ago, did (he/she) stay in bed all or most of the day because of an illness or injury? Please include days that (he/she) was a patient in a hospital.

1  Yes      0  No      8  Don't know      7  Refused

**YABED**

- ★ About how many days did (he/she) stay in bed all or most of the day because of an illness or injury? Please include days that (he/she) was a patient in a hospital.  
(Interviewer Note: If necessary, probe - "If you are unsure, please make your best guess.")

days **YABEDDAY**

- ★ 5. Since we last spoke to (name of Health ABC participant) about 6 months ago, did (he/she) cut down on the things (he/she) usually did, such as going to work or working around the house, because of an illness or injury? Please include days in bed.

**YACUT** 1  Yes      0  No      8  Don't know      7  Refused

- ★ How many days did (he/she) cut down on the things (he/she) usually did because of illness or injury? Please include days in bed.  
(Interviewer Note: If necessary, probe - "If you are unsure, please make your best guess.")

days **YACUTDAY**

- ★ 6. Since we last spoke to (name of Health ABC participant) about 6 months ago, did (he/she) stay overnight as a patient in a nursing home or rehabilitation center?

**YAMCNH** 1  Yes      0  No      8  Don't know      7  Refused

- ★ 7. Since we last spoke to (name of Health ABC participant) about 6 months ago, did (he/she) receive care at home from a visiting nurse, home health aide, or nurse's aide?

**YAMCVN** 1  Yes      0  No      8  Don't know      7  Refused

# PROXY INTERVIEW

Now I'm going to ask you about some medical problems that *(name of Health ABC participant)* might have had in the past 12 months.

**In the past 12 months, was *(name of Health ABC participant)* told by a doctor that *(he/she)* had...?**

8. Hypertension or high blood pressure? We are specifically interested in hearing about hypertension or high blood pressure that was diagnosed for the first time in the past 12 months.
- Yes       No       Don't know       Refused **YAHCHBP**

9. Diabetes or sugar diabetes? Again, we are specifically interested in hearing about diabetes that was diagnosed for the first time in the past 12 months.
- Yes       No       Don't know       Refused **YASGDIAB**

10. In the past 12 months, has *(name of Health ABC participant)* fallen and landed on the floor or ground?

Yes       No       Don't know       Refused **YAAJFALL**

Please go to Question #11

How many times has *(he/she)* fallen in the past 12 months?  
If you are unsure, please make your best guess.

- One      **YAAJFNUM**
- Two or three
- Four or five
- Six or more
- Don't know

# PROXY INTERVIEW

Now I'm going to ask about some medical problems (*name of Health ABC participant*) might have had since we last spoke to (*him/her*) about 6 months ago, which was on

		/			/				
Month			Day			Year			

- ★ 11. Since we last spoke to (*name of Health ABC participant*) about 6 months ago, was (*he/she*) told by a doctor that (*he/she*) had a heart attack, angina, or chest pain due to heart disease?
- YAHCHAMI**  Yes       No       Don't know       Refused

★ Was (*he/she*) hospitalized overnight for this problem?

Yes       No **YAHOSMI**

★ Complete a Health ABC Event Form, Section I, for each overnight hospitalization. Record reference #'s below:

a. 

--	--	--	--	--

**YAREF11A**

b. 

--	--	--	--	--

**YAREF11B**

c. 

--	--	--	--	--

**YAREF11C**

Go to Question #12

- ★ 12. Since we last spoke to (*name of Health ABC participant*) about 6 months ago, was (*he/she*) told by a doctor that (*he/she*) had a stroke, mini-stroke, or TIA?
- Yes       No       Don't know       Refused **YAHCCVA**

★ Was (*he/she*) hospitalized overnight for this problem?

Yes       No **YAHOSMI2**

★ Complete a Health ABC Event Form, Section I, for each overnight hospitalization. Record reference #'s below:

a. 

--	--	--	--	--

**YAREF12A**

b. 

--	--	--	--	--

**YAREF12B**

c. 

--	--	--	--	--

**YAREF12C**

Go to Question #13

- ★ 13. Since we last spoke to (*name of Health ABC participant*) about 6 months ago, was (*he/she*) told by a doctor that (*he/she*) had congestive heart failure?
- YACHF**  Yes       No       Don't know       Refused

★ Was (*he/she*) hospitalized overnight for this problem?

Yes       No **YAHOSMI3**

★ Complete a Health ABC Event Form, Section I, for each overnight hospitalization. Record reference #'s below:

a. 

--	--	--	--	--

**YAREF13A**

b. 

--	--	--	--	--

**YAREF13B**

c. 

--	--	--	--	--

**YAREF13C**

Go to Question #14

# PROXY INTERVIEW

- ★ 14. Since we last spoke to *(name of Health ABC participant)* about 6 months ago, was *(he/she)* told by a doctor that *(he/she)* had cancer? We are specifically interested in hearing about a cancer that was diagnosed for the first time since we last spoke to *(him/her)*.

<sup>1</sup> Yes       <sup>0</sup> No       <sup>8</sup> Don't know       <sup>7</sup> Refused **YACHMGMT**

★ Complete a Health ABC Event Form, Section II, for each event.  
Record reference #'s below:

a. 

--	--	--	--	--

**YAREF14A**

b. 

--	--	--	--	--

**YAREF14B**

c. 

--	--	--	--	--

**YAREF14C**

- ★ 15. Since we last spoke to *(name of Health ABC participant)* about 6 months ago, was *(he/she)* told by a doctor that *(he/she)* had pneumonia?

<sup>1</sup> Yes       <sup>0</sup> No       <sup>8</sup> Don't know       <sup>7</sup> Refused **YALCPNEU**

★ Complete a Health ABC Event Form, Section II, for each event.  
Record reference #'s below:

a. 

--	--	--	--	--

**YAREF15A**

b. 

--	--	--	--	--

**YAREF15B**

c. 

--	--	--	--	--

**YAREF15C**

- ★ 16. Since we last spoke to *(name of Health ABC participant)* about 6 months ago, was *(he/she)* told by a doctor that *(he/she)* broke or fractured a bone(s)?

<sup>1</sup> Yes       <sup>0</sup> No       <sup>8</sup> Don't know       <sup>7</sup> Refused **YAOSBR45**

★ Complete a Health ABC Event Form, Section II, for each event.  
Record reference #'s below:

a. 

--	--	--	--	--

**YAREF16A**

b. 

--	--	--	--	--

**YAREF16B**

c. 

--	--	--	--	--

**YAREF16C**

# PROXY INTERVIEW

- ★ 17. Was (name of Health ABC participant) hospitalized overnight for any other reasons since we last spoke to (him/her) about 6 months ago?
- 1 Yes     
  0 No     
  8 Don't know     
  7 Refused **YAHOSP**

★ **Complete a Health ABC Event Form, Section I, for each event. Record reference #'s and reason for hospitalization below.**

a. <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <b>YAREF17A</b> Reason for hospitalization: _____	b. <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <b>YAREF17B</b> Reason for hospitalization: _____	c. <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <b>YAREF17C</b> Reason for hospitalization: _____
d. <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <b>YAREF17D</b> Reason for hospitalization: _____	e. <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <b>YAREF17E</b> Reason for hospitalization: _____	f. <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <b>YAREF17F</b> Reason for hospitalization: _____

- ★ 18. Has (name of Health ABC participant) had any same day outpatient surgery since we last spoke to (him/her) about 6 months ago?
- 1 Yes     
  0 No     
  8 Don't know     
  7 Refused **YAOUTPA**

		<b>Reference #</b>
★ a. Was it for...? a. A procedure to open a blocked artery	<input checked="" type="radio"/> 1 Yes <b>→ Complete a Health ABC Event Form, Section III. Record reference #:</b> <input type="radio"/> 0 No <input type="radio"/> 8 Don't know <b>YABLART</b>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <b>YAREF18A</b>
★ b. Gall bladder surgery	<input type="radio"/> 1 Yes <input type="radio"/> 0 No <input type="radio"/> 8 Don't know <b>YAGALLBL</b>	
★ c. Cataract surgery	<input type="radio"/> 1 Yes <input type="radio"/> 0 No <input type="radio"/> 8 Don't know <b>YACATAR</b>	
★ d. TURP (MEN ONLY) (transurethral resection of prostate)	<input type="radio"/> 1 Yes <input type="radio"/> 0 No <input type="radio"/> 8 Don't know <b>YATURP</b>	

# PROXY INTERVIEW

19. Is there any other illness or condition for which (*name of Health ABC participant*) sees a doctor or other health care professional?

Yes       No       Don't know       Refused **YAOTILL**

Please go to Question #20

Please describe for what:

---

---

---

20. Does (*name of Health ABC participant*) have any problems with (*his/her*) memory?

Yes       No       Don't know       Refused **YAMEM**

Please go to Question #21

a. Did (*his/her*) trouble with memory begin suddenly or slowly?

- Suddenly **YAMEMBEG**
- Slowly
- Don't know

b. Has the course of memory problems been a steady downhill progression, an abrupt decline, stayed the same, or gotten better?

- Steady downhill progression **YAMEMPRG**
- Abrupt decline
- Stayed the same (no decline)
- Gotten better
- Don't know

c. Is a doctor aware of (*his/her*) memory problems?

Yes       No       Don't know **YAMEMDR**

What does the doctor believe is causing (*his/her*) memory problems?

**(Interviewer Note: Please mark only one answer.)**

- |   |   |
|---|---|
| <input type="radio"/> Alzheimer's disease | <input type="radio"/> Parkinson's disease <b>YAMEMPRB</b> |
| <input type="radio"/> Confusion           | <input type="radio"/> Stroke                              |
| <input type="radio"/> Delerium            | <input type="radio"/> Nothing wrong                       |
| <input type="radio"/> Dementia            | <input type="radio"/> Other <b>(Please specify)</b>       |
| <input type="radio"/> Depression          | _____   |
| <input type="radio"/> Multiinfarct        | <input type="radio"/> Don't know                          |

# PROXY INTERVIEW

- ★ 21. Because of a health or physical problem, does (*name of Health ABC participant*) have any difficulty walking a quarter of a mile, that is about 2 or 3 blocks?  
**(Interviewer Note: If the proxy responds "Doesn't do," probe to determine whether this was because of a health or physical problem. If the participant doesn't walk because of a health or physical problem, mark "Yes." If the participant doesn't walk for other reasons, mark "Does not do.")**

**YADWQMYN**  1 Yes       0 No       8 Don't know       7 Refused       9 Does not do

↓      ↓      ↓      ↓      ↓

Go to Question #22

★ How much difficulty does (*he/she*) have?  
**(Interviewer Note: Read response options.)**

**YADWQMDF**

1 A little difficulty

2 Some difficulty

3 A lot of difficulty

4 Or are they unable to do it?

8 Don't know

- ★ 22. Because of a health or physical problem, does (*name of Health ABC participant*) have any difficulty walking up 10 steps, that is about 1 flight, without resting?  
**(Interviewer Note: If the proxy responds "Doesn't do," probe to determine whether this is because of a health or physical problem. If the participant doesn't walk up 10 steps because of a health or physical problem, mark "Yes." If the participant doesn't walk up steps for other reasons, such as there are simply no steps in the area, mark "Does not do.")**

**YADW10YN**  1 Yes       0 No       8 Don't know       7 Refused       9 Does not do

↓      ↓      ↓      ↓      ↓

Go to Question #23

★ How much difficulty does (*he/she*) have?  
**(Interviewer Note: Read response options.)**

**YADIF**

1 A little difficulty

2 Some difficulty

3 A lot of difficulty

4 Or are they unable to do it?

8 Don't know

# PROXY INTERVIEW

- ★23. Does (name of Health ABC participant) have to use a cane, walker, crutches, or other special equipment to help (him/her) get around?  
1  Yes      0  No      8  Don't know      7  Refused **YAEQUIP**

24. Because of a health or physical problem, does (name of Health ABC participant) have any difficulty getting in and out of bed or chairs?  
 Yes       No       Don't know       Refused **YADIOYN**

- a. How much difficulty does (he/she) have?  
**(Interviewer Note: Read response options.)**
- A little difficulty      **YADIODIF**
  - Some difficulty
  - A lot of difficulty
  - Or are they unable to do it?
  - Don't know
- b. Does (he/she) usually receive help from another person when (he/she) gets in and out of bed or chairs?  
 Yes       No       Don't know **YADIORHY**

25. Does (name of Health ABC participant) have any difficulty bathing or showering?  
 Yes       No       Don't know       Refused **YABATHYN**

- a. How much difficulty does (he/she) have?  
**(Interviewer Note: Read response options.)**
- A little difficulty      **YABATHDF**
  - Some difficulty
  - A lot of difficulty
  - Or are they unable to do it?
  - Don't know
- b. Does (he/she) usually receive help from another person in bathing or showering?  
 Yes       No       Don't know **YABATHRH**

# PROXY INTERVIEW

26. Does (name of Health ABC participant) have any difficulty dressing?

- Yes       No       Don't know       Refused **YADDYN**

a. How much difficulty does (he/she) have?  
(Interviewer Note: Read response options.)

- A little difficulty      **YADDIF**  
 Some difficulty  
 A lot of difficulty  
 Or are they unable to do it?  
 Don't know

b. Does (he/she) usually receive help from another person in dressing?

- Yes       No       Don't know **YADDRHYN**

★ 27. In general, would you say that (name of Health ABC participant's) appetite or desire to eat has been. . . ?

(Interviewer Note: Read response options.)

- 1**  Very good      **5**  Very poor **YAAPPET**  
**2**  Good      **8**  Don't know  
**3**  Moderate      **7**  Refused  
**4**  Poor

★ 28. Since we last spoke to (name of Health ABC participant) about 6 months ago, has (his/her) weight changed by 5 or more pounds?

(Interviewer Note: We are interested in net gain or loss during the past 6 months. In other words, is the participant either 5 or more pounds heavier or lighter than they were 6 months ago?)

- YACHN5LB** **1**  Yes      **0**  No      **8**  Don't know      **7**  Refused

★ a. Did (he/she) gain or lose weight?  
(Interviewer Note: We are interested in net gain or loss during the past 6 months.)

- 1**  Gain      **2**  Lose      **8**  Don't know **YAGNLS**

★ b. How many pounds did (he/she) gain/lose in the past 6 months?  
(Interviewer Note: If necessary, probe - "If you are unsure, please make your best guess.")

- YAHOW6**   pounds      **8**  Don't know **YAHOW6DN**

Proxy Interview

# PROXY INTERVIEW

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29. Where does *(name of Health ABC participant)* usually go for health care or advice about health care?

***(Interviewer Note: Read response options. Please mark only one answer.)***

- Private doctor's office (individual or group practice)
- Public clinic such as a neighborhood health center
- Health Maintenance Organization (HMO) ***(Please specify: \_\_\_\_\_ )***  
(Examples: Keystone, Cigna, UPMC Health Plan, Aetna, HealthAmerica, HealthSpring)
- Hospital outpatient clinic
- Emergency room
- Other ***(Please specify: \_\_\_\_\_ )*** **YAHGSRG**

***Examiner Note: Please update the name, address, and telephone number of the doctor or place that the participant usually goes to for health care on the HABC Participant Contact Information report.***

## PROXY INTERVIEW

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30. We would like to update all of *(name of Health ABC participant's)* contact information this year. The address that we currently have listed for *(name of Health ABC participant)* is:  
***(Interviewer Note: Please review the HABC Participant Contact Information report and confirm that the address you have for the participant is correct.)***

Is the address that we currently have correct?

Yes

No **NOT COLLECTED**



***Examiner Note: Please record the street address, city, state and zip code for the participant on the HABC Participant Contact Information report.***

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The telephone number(s) that we currently have for *(name of Health ABC participant)* is *(are)*  
***(Interviewer Note: Please review the HABC Participant Contact Information report and confirm that the telephone number(s) that you have for the participant are correct.)***

Please tell me if these telephone numbers are correct.

Are the telephone number(s) that we currently have correct?

Yes

No **NOT COLLECTED**



***Examiner Note: Please record the telephone number(s) for the participant on the HABC Participant Contact Information report.***

# PROXY INTERVIEW

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31. Do you expect (*name of Health ABC participant*) to move or have a different mailing address in the next 6 months?

Yes

No

Don't know

Refused ~~YAMOVE~~

***Examiner Note: Please record the new mailing address and telephone number, and date the new address and telephone numbers are effective on the HABC Participant Contact Information report.***

## PROXY INTERVIEW

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32. **Interviewer Note: Please answer the following question based on your judgment of the proxy's responses to the Proxy Interview.**

On the whole, how reliable do you think the proxy's responses to the Proxy Interview are?

- 1  Very reliable
  - 2  Fairly reliable **YARELY**
  - 3  Not very reliable
  - 8  Don't know
- 

33. What is the primary reason a proxy was contacted for the Semi-Annual Telephone Interview or Annual Contact? Please mark only one reason.

- 1  Illness/health problem(s)
- 2  Hearing difficulties
- 3  Cognitive difficulties
- 4  In nursing home/long-term care facility **YAPROXY**
- 5  Refused to give reason
- 6  Other (*Please specify:* )

Thank you very much for answering these questions. Please remember to call us if (*name of Health ABC participant*) is admitted to a hospital or nursing home for any reason so that we can better understand changes in (*his/her*) health. We would also like to hear from you if (*name of Health ABC participant*) moves or if (*his/her*) mailing address changes. We will be calling you in about 6 months from now to find out how (*name of Health ABC participant*) has been doing.



HABC Enrollment ID #	Acrostic	Date Form Completed	Staff ID #
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> Month Day Year	<input type="text"/> <input type="text"/> <input type="text"/>

HABCID

ACROS

BJDATE

BJSTFID

### MISSED FOLLOW-UP CONTACT

Complete this form for each regularly scheduled follow-up clinic visit or telephone contact that has been missed and cannot be made-up.

## 1 Type of Missed Follow-up Contact

BJVISIT

- Year 11
- Year 11.5
- Year 12
- Year 12.5
- Year 13
- Year 13.5
- Year 14
- Year 14.5
- Year 15
- Other (Please specify \_\_\_\_\_ )

BJID2

## 2 Reason for Missed Follow-up Contact

Please check the primary reason for the missed follow-up visit or telephone contact. Check only one reason.

- 1 Illness/health problem(s)
- 2 Hearing difficulties
- 3 Cognitive difficulties
- 4 In nursing home/long-term care facility
- 5 Too busy; time and/or work conflict
- 6 Caregiving responsibilities
- 7 Physician's advice
- 8 Family member's advice
- 9 Clinic too far/travel time
- 10 Moved out of area
- 11 Travelling/on vacation
- 12 Personal problem(s)
- 13 Unable to contact/unable to locate
- 14 Refused to give reason
- 15 Modified follow-up regimen (e.g. will only agree to one contact per year)
- 18 Withdrew from study/withdrew informed consent
- 16 Deceased
- 17 Other (Please specify: \_\_\_\_\_ )

BJREASON

## 3 Comments

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